

FLOSS

— dental boutique —

ROOT CANAL TREATMENT INFORMATION AND CONSENT

Date: «general.date»

Patient Name: «patient.firstname» «patient.lastname»

During my consultation appointment, I have been informed that a tooth/multiple teeth require root canal treatment.

The tooth/teeth in question are # _____

- Top left / Top right
- Bottom left / Bottom right

The dentist has gone over the procedure in detail with me and I have been given information on root canal treatment. The dentist has also discussed other treatment options available. **Please TICK your chosen treatment option.** These include but are not limited to:

- RCT beginning today or next available/suited appointment time
- The extraction (removal) of the tooth/teeth
- Referral to a specialist (endodontist) to have root canal treatment completed there.
- Antibiotics and pain medication as required if I wish to think treatment options over OR need to reduce inflammation for more effective anaesthetic.

Please understand - A root canal is an attempt to save a tooth that would otherwise require extraction.

I understand that root canal treatment is not 100% successful. Some of the risks associated with root canal treatment are:

- a) Pain or discomfort after treatment (this usually subsides after a few days)
- b) Separation of instruments (a part of a small metal file may fracture and may not be able to be removed from the tooth) this may require specialist removal at your own cost.
- c) Perforation of the tooth or root (a hole through the wall of the tooth)
- d) The tooth or root could fracture during or after treatment, therefore becoming unsalvageable and requiring extraction.
- e) canals may be unable to be located or unable to be cleaned due to closure of the canals.

Should the treatment be unsuccessful for any reason, I am aware that my options are as follows:

1. Retreatment and/or surgery by specialist (Endodontist) -this will be at your own cost.
2. Extraction of the tooth/root - at your own cost

The risk of failure is increased by noncompliance and nonattendance.

It has been advised to me that all teeth that have had root canal treatment require crown placement after root canal completion, usually due to the tooth being weakened after a root canal. This is to prevent fracture of the tooth (un-salvageable if it does) or reinfection of the root system. The estimated costs are supplied separately.

A discount of \$100 will be applied to any crown placed within 6 months of root canal completion.

I understand root canals need to be finished within a certain amount of time to be effective, if not completed we might need to go back a step, start again or abandon treatment, at your own expense.

This forms information also applies to any future root canal procedures as the risks remain the same.

I have read and understand the above information. I accept the risks of the treatment.

I have been given the option to delay RCT with antibiotics and pain medication as appropriate to reduce infection OR allow me time to come to an informed decision regarding treatment.

Patient Signature: _____ **Date:** _____

Dental Surgeon: _____ **Date:** _____