

PATIENT: _____
DATE: _____

ROOT CANAL INFORMED CONSENT

You have been informed that you require root canal treatment on the following teeth:

UPPER RIGHT	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	UPPER LEFT
LOWER RIGHT	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	LOWER LEFT

PURPOSE OF THE TREATMENT:

This procedure is deemed necessary due to a:

- | | |
|--|--|
| <input type="checkbox"/> Dental Abscess | <input type="checkbox"/> Upcoming Complicated Crown Procedure |
| <input type="checkbox"/> Deep Cavity Near Nerve of Tooth | <input type="checkbox"/> Severe Pain and Swelling Associated with Particular Tooth |
| <input type="checkbox"/> Other _____ | |

A root canal treatment involves removing the pulp of an infected, inflamed, or dying tooth to prevent further infection. The tooth's interior is cleaned and filled with an inert substance.

A ROOT CANAL PROCEDURE REQUIRES ONE (1) APPOINTMENT:

The appointment will require 60 minutes of your time.

It consists of :

- Anesthesia (freezing)
- Rubber Dam Application (if necessary)
- Measuring and Cleaning of the Root Canal System of the Tooth
- Drying the Canals
- X-rays to Check the Length, and Proper Cleaning of the Tooth (if necessary)
- Filling the Cleaned Out Canal System

If the root canal system cannot be dried properly, it may be necessary to complete all the above mentioned steps after drying the canals during a second appointment. Therefore, the opening into the tooth is temporarily sealed, or a final resin core and/or filling is placed in the tooth.

NOTE: Within months of a tooth undergoing root canal treatment, it is **necessary** to **ONLAY or CROWN** this tooth because teeth receiving endodontic treatment may have been weakened due to loss of tooth structure. In addition, a post and/or a core may be needed to restore the tooth's internal strength. The tooth must be pain free, and causing no discomfort prior to this final procedure. These restorations may be necessary to guarantee the health of your tooth, and to prevent tooth fracture and/or possible loss.

BENEFITS OF TREATMENT:

A root canal treatment allows the patient to retain teeth or roots that would otherwise have to be extracted. Tooth loss is detrimental to both function and appearance.

RISKS OF TREATMENT:

Sometimes it is impossible to continue the root canal treatment because a canal cannot be found or followed. In this instance, the tooth must be extracted. There are also cases that will not respond to endodontic treatment and extraction is the only alternative.

Gums or tissues involved in the anaesthetic injection may be sore for several days following treatment. Swelling of the tissues around the injection site is possible and can be treated by applying pressure and cold (ie. ice packs) the day of treatment to the area of swelling for a minimum of 1-2 minutes. In addition, if freezing involves the lower jaws, there may be difficulty opening the jaw for the first few days. The soreness and stiffness will dissipate with time but warm salt water rinses or moist heat on the side of treatment will facilitate healing. Transient facial paralysis is a rare possibility upon anaesthetic injection, but it will almost always resolve itself without any future consequences.

Although the risk is minimal, it is possible for minor perforation or penetration of the surrounding tissue with endodontic instruments or cements to occur. This may require further surgical treatment for success.

ALTERNATIVES TO TREATMENT:

The only alternative to a root canal treatment is tooth extraction. Failure to either alternative may result in infection causing pain and swelling which will progress to bone degeneration around the root of the tooth.

I hereby authorize Dr. Bruno Paliani to perform the aforementioned procedure(s) necessary to my dental treatment, and any additional treatment procedures as are considered immediately necessary on the basis of findings during the above mentioned treatment. I have had the purpose, benefits, reasonable risks and alternatives, if any, to the procedure(s) explained to me. I have carefully read and understood all available explanatory material. I have been given the opportunity to ask questions.

I consent to the administration of such local anaesthesia and/or medication as is required for the aforementioned dental treatment.

I consent to the taking of photographs throughout the entire treatment procedure. Should these photographs be deemed by Dr. Bruno Paliani to benefit dental research, science, or education, I consent to their publication and republication, either separately or together, in professional journals or dental books or used for any other purpose which Dr. Bruno Paliani may deem proper in the interest of dental education, knowledge or research.

The dental fees of the procedure have been outlined clearly and I agree to comply with the office's payment policy.

PROFESSIONAL FEE: _____ LAB FEE: _____

TOTAL FEE (approx.): _____

Dated at London, Ontario this _____ day of _____, 20____ .

SIGNED: _____
PATIENT

WITNESS: _____ SIGNED: _____
Parent, Guardian or Nearest Kin if patient
is under the age of 18