

COVINGTON FAMILY DENTISTRY

INFORMED CONSENT FOR ROOT CANAL THERAPY

This information is provided to help you better understand both our specialty dental treatment and office policies. Please read carefully. We appreciate your questions, so don't hesitate to ask.

Root canal treatment, or Endodontics, involves the opening of a tooth through the biting surface, cleaning out the diseased pulp ("nerve") tissue, and filling the remaining root canal space. This procedure usually takes one to two 90 minute appointments. Root canal treatment is known to be highly successful, but success cannot be guaranteed. Usually, the alternative to root canal treatment is removing the tooth. Occasionally, despite all efforts, the tooth may require retreatment, surgery, or extraction.

I understand the possible complications involved in treatment, including the breakage of a metal instrument in the tooth, overextension of the filling material beyond the root end, blocked or calcified canals, perforation of the crown or root into the jaw bone, tooth fracture, pain, and infection. I understand the possible consequences of not receiving treatment in the near future, including the risk of infection, pain, and potential tooth loss.

After your root canal treatment is completed, a temporary filling will be placed to seal the tooth. I have been informed of the importance of placing a permanent filling in, or crown placed over the tooth reasonably soon after endodontic treatment is completed. I understand that this is essential to avoid recontamination of the root canal and possible fracture and loss of the tooth.

I have received an estimated fee range and understand the final fee depends on the number of canals present, which is difficult to assess until treatment is started. I understand that I am responsible for any service fee that is not covered by my dental insurance. I agree to pay the estimated patient portion in full by the final treatment appointment. Please speak to our receptionist, prior to treatment, if you have not been made aware of your estimated total fee range.

I have had the opportunity to ask questions about the proposed treatment and have had them answered to my satisfaction. I have read and understand the previous information, and present myself, or a minor child, for treatment as discussed.

Date: \_\_\_\_\_

Patient signature: \_\_\_\_\_