



Rehabilitation of the dentition through Root Canal Therapy

Consent Form

- ❑ I understand that although significant training is necessary to perform Root Canal Therapy successfully, certain risks are inherent and unavoidable during invasive procedures. These risks are associated with each step of each procedure. Examples are:
 - uncommon and unexpected bodily reactions to medications and chemicals used in the usual and customary manner of treatment,
 - uncommon and unexpected variation in human anatomy that complicates treatment that is otherwise delivered in the usual and customary manner,
 - uncommon and unexpected variation in individual instruments that are depended upon during Root Canal Therapy, that are otherwise used in the usual and customary manner.

- ❑ I understand that following my Root Canal Therapy, a permanent restoration on the treated tooth is most often necessary. I understand that this is a separate procedure and that I will be referred back to my restorative dentist for this.

- ❑ I understand that trained personnel other than the endodontist will be involved in the delivery of Surgical and Non-Surgical treatment and I grant them permission to be informed about the procedure.

- ❑ I understand that I play an active role in both Surgical and Non-Surgical Care. I further understand that my participation in the delivery of care, especially its timeliness, and any post-operative instructions, is extremely important to the overall success and prognosis of my care.

- ❑ **I understand that if I miss an appointment without notice during the process of my endodontic treatment, I may be terminated as an active patient and I will be responsible for completing my treatment elsewhere.**

Patient Signature

Date

Guardian Signature (if applicable)

Date