



Consent to Endodontic Treatment

I understand the following:

The health of my tooth, its pulp and/or surrounding structures has been compromised by trauma, fractures, decay and/or infection. To save my tooth, endodontic treatment is recommended. The success rate for endodontic treatment is approximately 90 to 95 percent. Although endodontic treatment is very successful, some teeth may respond unfavorably and may require additional endodontic procedures including re-treatment, root-end surgery and/or extraction.

The goal of endodontic treatment is to save my tooth by eliminating and/or preventing infection and/or pain. During treatment, some x-rays will be required including the possible need for 3-D imaging. Furthermore, it may be necessary to alter the crown of my tooth and/or to remove a restoration (filling or crown).

Following endodontic treatment, my tooth will be at a greater risk of fracturing. A temporary filling will be placed in the crown of my tooth, but I will need to see my general dentist ASAP for a permanent restoration (filling, crown and/or post & core) with possible additional fees. Failure to follow through with the permanent restoration may result in fracture, re-infection and/or possible loss of the tooth.

Alternatives to endodontic treatment include no treatment and extraction. The risks of no treatment include but are not limited to persistent infection, pain and swelling and the possible spread of infection to adjacent teeth and/or structures that could lead to more severe dental and/or medical problems.

Possible complications/risks of treatment may include but are not limited to:

- 1) Persistent infection as a result of resistance to infection, certain underlying medical conditions, unique root canal anatomy and/or cyst formation.
- 2) Breakage of root canal instruments during treatment that may, in the judgement of the dentist, be left in the treated canal or may require surgery for removal.
- 3) Perforation of the root canal that may require additional surgical corrective treatment or may result in premature tooth loss or extraction.
- 4) Post-operative pain and discomfort that may last several days and may require over-the-counter and/or prescription medications.
- 5) Post-operative swelling in the area of the treated tooth and/or facial swelling that may persist for several days.
- 6) Post-operative infection.
- 7) Trismus (restricted jaw opening) and/or jaw pain lasting several days or weeks.
- 8) Numbness of the lip(s), chin, face, gums and/or tongue and possible loss of taste that usually resolves in weeks but could be permanent.
- 9) Injury to adjacent teeth.
- 10) Fracture of the tooth with possible subsequent loss of the tooth.
- 11) Displacement of crown with possible need for crown replacement/repair with general dentist with possible additional charges.
- 12) Anesthetic complications (numerous but very rare) include cardiac and respiratory arrest, choking, infection, numbness and aspiration from vomiting.

I certify that the medical history I have given is accurate and complete to the best of my knowledge.

I understand that there is no guarantee of outcome.

I agree to follow all instructions and post-treatment recommendations.

I agree to contact Dr. Schmoltdt at any time during and following treatment with any additional questions and/or concerns.

I certify that I have read and fully understand this consent for endodontic treatment.

I consent and authorize the recommended endodontic treatment to include any necessary anesthetics, medications and/or x-rays.

Patient's Name (please print)

Signature of Patient or Legal Guardian

Date