CONSENT FOR ROOT CANAL TREATMENT
This is my consent for the doctors of Progressive Endodontics and their staff to examine and perform root canal therapy for my tooth/teeth, or other procedures deemed necessary or advisable to complete the agreed upon treatment plan. Please review the following consent. While signing this form is a condition of the initiation of treatment, it does not commit you to treatment.

1. **The success of root canal therapy is influenced by many factors.** Your general health, adequate gum attachment and bone support, shape and condition of the roots and nerve canals, quality of previous dental care, and pre-existing root fractures, all of which can affect individual healing.

2. **Teeth treated with root canal therapy can still decay, but because the nerve is gone there will be no pain.** Other possible complications include infection, bleeding, loss of sensation in the area and tooth loss. Good oral hygiene and periodic check-ups are necessary for ensuring the success of your treatment.

3. **The treated teeth may remain sensitive following your appointment.** If sensitivity persists, and does not seem to be getting better, please phone the office for an appointment. It is however, normal for a treated tooth to be sensitive for one week following the final appointment and to feel different than the surrounding teeth for another two weeks.

4. **In some teeth, regular root canal therapy alone may not be sufficient.** If the canals are severely curved or calcified, there is substantial infection around the bone or the roots, or an instrument breaks and remains with a canal, the tooth may be sensitive and a surgical procedure may be necessary to resolve the problem.

5. **Root fracture is one of the main reasons why root canal treatment fails.** Unfortunately, some cracks that extend from the crown down into the roots are invisible and undetectable. They can occur on uncrowned teeth from traumatic injury, hitting on hard objects, and habitual clenching or grinding. Whether the fracture occurs before or after a root canal, the tooth will probably still require extraction.

6. **Treated teeth may be more brittle than other teeth.** After root canal treatment, it may be advisable to cap or crown a tooth to prevent further damage that may result in losing the tooth. However, in some instances, the tooth could possibly be filled with a permanent filling. However, on rare occasions, the tooth can fracture in spite of being crowned or otherwise repaired.

7. **There are other alternatives to root canal therapy.** Viable alternative treatment options to a root canal may exist. They include waiting for other definitive signs and/or symptoms in the affected tooth or teeth, as well as extraction. Possible risks associated with these choices include pain, infection, swelling and/or loss of the tooth. These risks can be made worse if root canal treatment is started and not completed.

8. **Follow-up care.** Upon completion of root canal treatment, it is very important for each patient to return to his or her general dentist for permanent restoration of the tooth.

**Informed Consent:**
I have read this consent form and discussed its contents and the specific information provided is to my satisfaction. I certify that I have been given an opportunity to read fully and understand the terms and conditions of the above consent. I hereby give my consent to be examined and treated as necessary. Also, I authorize the use of photos and documentation of my care and treatment to be used for teaching and/or reimbursement purposes.

Signature__________________________________________ Date_______________________
(Guardian if patient is a minor)