

INFORMATION ABOUT ENDODONTIC TREATMENT
(ROOT CANAL)

ENDODONTIC TREATMENT HAS BEEN RECOMMENDED.

WHAT ARE MY ALTERNATIVES?

Endodontic treatment has been recommended as a procedure to be done on your tooth in an attempt to postpone the loss of a tooth that may otherwise require extraction. Your alternatives to the proposed treatment are to have no treatment done, or to have the tooth extracted. **If no treatment is done, there is a risk of infection, pain and loss of the tooth.** If the tooth is extracted, then some form of an artificial replacement tooth may be constructed.

WHAT ARE THE POSSIBLE COMPLICATIONS?

Complications are rare. While no complications are expected as a result of the proposed endodontic treatment, it is possible that complications may still occur with your care. Most of the complications that occur are a normal consequence of treating teeth that have problems similar to yours. These complications may require additional treatment.

Some possible complications include, but are not limited to the following: mild to severe pain, infection, swelling, fever, prolonged numbness or altered sensations, root fractures or difficulty opening or closing the jaw. The root canal itself is a very small chamber running through the root. Consequently, procedural difficulties may be encountered such as a perforation (artificial opening made in the side of your tooth) or instrument breakage in the canal. If the tooth has been restored with a crown, an opening must be placed in the crown to perform the root canal therapy. A new crown may be required in most instances. If a crown is covered by porcelain, access needs to be made through it and there is a likelihood of porcelain fracture.

Endodontic treatment is a highly successful procedure for postponing the loss of teeth that would otherwise be extracted. Unfortunately, not all teeth will respond favorably to the treatment. Consequently, it is possible that your tooth may require additional treatment in the future such as another endodontic treatment, surgery, or even extraction, at an additional fee.

Medications may be given for pain or infection. It is possible that you may develop an allergic or other adverse reaction to the medications. If given pain medication, you cannot drive an automobile nor operate equipment that may be hazardous to yourself or others while under the influence of the pain medication. If you are a female who is taking birth control pills, it is possible that you could become pregnant while taking antibiotics. Consequently, an alternative form of contraception may be appropriate while taking the antibiotic. Please contact your gynecologist.

To protect your tooth from fracture and decay, you will need to return to your dentist for a permanent filling or crown.

CONSENT FOR TREATMENT

I have read the above and I understand that no treatment is without some measure of risk, and the risks of the proposed treatment have been explained to me. I prefer to undergo the ENDODONTIC (root canal) procedure in order to attempt to postpone the loss of my tooth. Consequently, I hereby authorize Doctor Andy M. Ashtiani and his assistants to perform the necessary endodontic procedure as described to me. I further request and authorize them to do whatever they deem advisable and necessary as a result of unforeseen circumstances.

Procedure _____

I acknowledge that I have received the Dental Board of California's Dental Materials Fact Sheet (DMFS) and Health Insurance Portability and Accountability Act (HIPPA) and a copy was made available to me.

Patient Signature _____ Date _____

Witness _____

Patient opts for no treatment