



ROOT CANAL TREATMENT CONSENT FORM

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Patient Name: _____

Date of Birth: _____

Dentist's Name: _____

Date of Procedure: _____

Introduction

Root canal treatment is a procedure used to save a tooth that has been severely decayed or infected. The treatment involves removing the infected pulp, cleaning the root canals, and sealing them to prevent further infection.

Procedure Explanation

I understand that:

- A local anesthetic will be used to numb the area.
- The infected or damaged pulp will be removed from the tooth.
- The root canals will be cleaned, shaped, and filled.
- A temporary or permanent filling/crown may be placed.
- Additional appointments may be needed.

Risks and Complications

I understand that potential risks include, but are not limited to:

- Pain, swelling, or discomfort after the procedure.
- Temporary or permanent numbness in the treated area.
- Possible failure of the procedure, requiring retreatment or extraction.
- Cracking or fracture of the tooth, possibly requiring further treatment.
- Reaction to anesthesia or medications.

Alternative Treatment Options

I have been informed of the alternatives to root canal therapy, which may include:

- Tooth extraction.
- No treatment, understanding that the infection may worsen.

Post-Treatment Care

I understand that:

- I must follow the dentist's post-treatment instructions.
- A permanent restoration (such as a crown) may be necessary to protect the tooth.
- I should contact the dental office if I experience severe pain, swelling, or any unusual symptoms.

Consent & Acknowledgment

I have had the opportunity to ask questions and fully understand the procedure, risks, and alternatives. I consent to the root canal treatment as recommended by my dentist.

Patient's Signature: _____

Date: _____

Dentist's Signature: _____

Date: _____