

## Consent to Endodontic Therapy

Jennifer E Key, DMD  
*Practice Limited to Endodontics*

Please review the following consent. You will be required to sign it prior to the initiation of treatment; however, it does not commit you to treatment.

This is my consent to endodontic procedures indicated and any other procedures deemed necessary or advisable as a corollary to the planned endodontic therapy performed by Dr. Jennifer Key, DMD and any assistant she may require. I agree to the use of local anesthesia and radiographs, depending upon the judgment of the endodontists. Complications of root canal therapy and anesthesia may include swelling, pain, trismus (restricted jaw opening), infection, bleeding, sinus involvement and a numbness or tingling of the lip, gum or tongue, which rarely is protracted and even more rarely is permanent. I understand that it is my responsibility to report any symptoms to the endodontists immediately.

I understand that root canal therapy is a procedure to retain a tooth which may otherwise require extraction and that as a specialty practice the office performs only endodontic therapy and associated surgery. Root canal therapy has a very high degree of success; outcome studies generally find about 90-95% success at five years. Occasionally, a tooth which has had root canal therapy may require retreatment, surgery, or even extraction. Following treatment, the tooth may be brittle and subject to fracture. A restoration, filling, crown and/or post and core will be necessary to restore the tooth to function. This will be performed by my dentist. During treatment there is the possibility of instrument separation within the root canals, perforations (extra openings), damage to bridges, existing fillings, crowns or porcelain veneers, missed canals, loss of tooth structure in gaining access to canals and fractured teeth. Also, there may be times when a minor surgical procedure may be indicated or when my tooth may not be amendable to endodontic treatment at all. Other treatment choices include no treatment, waiting for more definitive symptoms to develop, or tooth extraction. Risks involved in those choices might include but are not limited to pain, infection, swelling, loss of teeth, decreased biting surface or collapse of dentition.

At times, medication will be prescribed by the endodontists. I understand that medications for discomfort and sedation may cause drowsiness which can be increased by the use of alcohol or other drugs. I am advised against operating any vehicle or hazardous devices while taking such medications. I further understand that certain medications may cause hives and intestinal problems and if any of these reactions occur, I am to call the endodontist immediately. I understand that it is my responsibility to report any changes in my medical history to the endodontist.

You may be asked to return to the office in 6 months for a recall visit to evaluate the root canal treatment. Our goal is to advise and treat endodontic problems as necessary for you to keep your tooth or teeth; however, there are no guarantees of treatment success. Dr. Key will be glad to answer any questions before or after treatment.

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Signature

Date