



Consent for Endodontic Treatment

1. Purpose of Treatment You are required to sign this form prior to the initiation of treatment. Your signature does not obligate you to proceed; it ensures you are fully informed about the proposed treatment, its risks, and your alternatives.

Root canal therapy is designed to save a tooth that might otherwise require extraction. As a specialty practice, we exclusively perform endodontic therapy and related surgical procedures. While this treatment has a high success rate, results cannot be guaranteed.

2. Potential Risks and Complications I understand that root canal treatment may involve the following risks, including but not limited to:

General Risks:

- Swelling, pain, bleeding, or bruising.
- Infection or inflammation of the gums.
- Complications resulting from the use of dental materials, medicines, anesthetics, and injections.
- Numbness or tingling in the lips, tongue, chin, face, gums, teeth, or loss of taste, which could last weeks, months, or become permanent.
- Jaw muscle cramps, restricted jaw opening (trismus), or temporomandibular joint (TMJ) difficulty.
- Loosening of or damage to teeth, crowns, veneers, or bridges.
- Referred pain to other areas (e.g., ear, jaw, neck, head).
- Adverse reactions to medications or anesthetics (e.g., nausea, vomiting, allergic reactions).
- Delayed healing or treatment failure.

Procedure-Specific Risks:

- Instrument separation (breakage) or perforations (extra openings) during treatment.
- Sinus perforations or nerve injury.
- Damage to existing restorations (e.g., fillings, crowns, veneers, bridges).
- Tooth structure loss while accessing canals.
- Changes in occlusion (your bite).
- Cracked teeth or missed canals.

3. Other Potential Outcomes & Complications

- Retreatment or Extraction: Occasionally, a tooth that has had root canal therapy may require retreatment, surgery, or extraction. Each of these subsequent procedures is associated with a separate procedural fee.
- Discomfort: Post-treatment discomfort or persistent pain may occur.
- Tooth Fractures: Brittleness or cracking/fracturing of the treated tooth may occur during or after treatment.
- Unforeseen Complications: During treatment, complications may be discovered that make the tooth not amenable to endodontic treatment, or which may require dental surgery. Examples include blocked canals, natural calcification, broken instruments, curved roots, periodontal (gum) disease, and unseen fractures or cracks in the tooth.

4. Treatment Success and Failure I understand that many factors contribute to the success or failure of root canal therapy, some of which cannot be determined in advance. Therefore, in some cases, treatment may have to be discontinued before it is completed or may fail following treatment.

5. Alternative Treatment Options I understand that I have the following alternatives to root canal therapy, and each alternative carries its own risks (e.g., pain, infection, numbness, swelling, or loss of teeth):

- No Treatment: Risks may include pain, infection, or a worsening condition.
- Tooth Extraction: While removing the tooth eliminates the need for root canal therapy, it may require replacement options such as a bridge, implant, or denture.
- Monitoring: In some cases, a waiting period for a definitive diagnosis may be an option.

6. Post-Treatment Responsibilities

- I understand that a long-term restoration (e.g., crown, permanent filling, post, core) is necessary to protect the treated tooth.
- It is my responsibility to seek follow-up care with my general dentist to ensure the proper restoration of the treated tooth.

7. Medications and Safety Warnings

- Medications prescribed for discomfort or sedation may cause drowsiness, lack of coordination, or reduced awareness. I will avoid operating machinery or vehicles while using these medications.
- Antibiotics may reduce the effectiveness of birth control pills.
- Adverse or allergic reactions to medications may occur. I will report any adverse reactions to my treating doctor immediately.
- I will inform my treating doctor of any changes in my medical history.

8. Noncovered Services I understand that my recommended treatment plan may include diagnostic technologies (such as 3D CBCT imaging) or specialized clinical procedures that are not covered by my dental insurance provider. I acknowledge that insurance coverage varies by plan, and I am financially responsible for the full cost of any noncovered services required or elected during my care.

9. Treatment Upgrades I understand that my treatment may involve the option to use advanced materials, techniques, or technologies that my insurance considers an "upgrade" to standard care. If I elect to proceed with an upgraded treatment, I understand that I am financially responsible for any additional costs associated with this upgrade that are not covered by my insurance plan.

10. Use of Images and Recordings I give my treating doctor permission to take photographs, voice recordings, or videos of my procedure for medical record-keeping and patient education purposes. All records will remain strictly confidential.

Patient Acknowledgement and Consent By signing below, I acknowledge that I have read and understand the information provided in this consent form. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I consent to endodontic treatment by Dr. Revanth Chada.

Patient Name (Print): _____

Patient/Guardian Signature: _____ Date: _____