MARC P. GIMBEL, D.M.D., L.L.C.
Diplomate, American Board of Endodontics
PRACTICE LIMITED TO ENDODONTICS

ENDODONTIC CONSENT AND TREATMENT FORM

We would like to welcome you to our office. It is important that you be informed about various procedures involved in endodontic care. Informed consent is necessary before starting treatment. Please take a moment to carefully read this form.

REASONS FOR TREATMENT: Endodontic (root canal) therapy is accomplished in an effort to save a tooth which otherwise would require extraction. Treatment is done by standard root canal therapy, or when necessary, endodontic surgery.

OTHER TREATMENT CHOICES: These include no treatment at all, waiting for more definitive symptoms to develop, and tooth extraction. The risks involved in these choices may include pain, infection, swelling, loss of teeth, and spread of infection to other areas.

RISKS SPECIFIC TO ENDONDONTIC THERAPY: Those risks include: the possibility of instruments broken with the root canals, perforation/s (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns, fracture of porcelain, loss of tooth structure in obtaining access to the canals, and cracked teeth. During treatment complications may be discovered which make treatment impossible, or which may require endodontic surgery. These complications may include: blocked canals due to previous fillings or prior root canal treatment, natural calcification/s, broken instruments, curved roots, periodontal disease (gum disease), splits or fractures of the teeth.

OTHER RISKS OF TREATMENT: Include (but not limited to) complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killer), anesthetics, and injections. These complications include: swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which is transient but on rare occasions may be permanent, reaction to injections, changes in occlusion (the bite), jaw muscle cramps and spasms, Temporomandibular Joint (TMJ) difficulty, loosening of teeth, referred pain to the ear, necks and head, nausea, vomiting allergic reactions, delayed healing, sinus perforations and treatment failure.

MEDICATIONS: Prescribed medications and drugs may cause drowsiness and lack of awareness and coordination (which may be influenced by the use of alcohol, tranquilizers, sedatives or other drugs). It is not advisable to operate any vehicle or hazardous device until recovered from their effects.

CONSENT: I, the undersigned, being the patient (parent or guardian of minor patient) consent to the performing of procedures deemed advisable in the opinion of the doctor, I also understand that upon completion of root canal therapy in this office I shall return to my referring and/or regular dentist for a permanent restoration of the tooth involved. This restoration may be a crown (cap), jacket, onlay, silver filling or a variety of other options presented by your general dentist.

I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it can not be guaranteed, occasionally, a tooth which has had root therapy may require retreatment, surgery, or even extraction.

Name of Patient:_____ Patient/Parent Signature_____

Witnessed by:_____Date:_____

For office use only: Updated:_____ Patient's Initial's_____