



David W. Belardi, D.D.S.
Richard F. Urbanczyk, D.D.S.
Michael J. Mindiola, D.D.S.
Joshua M. Davis, D.D.S.
F. Kris Olsen, D.D.S.
Himanshu Sharma, D.D.S.

Edward H. Song, D.M.D.
Sunyoung Park, D.M.D.
Daniel Oh, D.D.S.
Evan Whitbeck, D.D.S.
John Jurkas, D.D.S.
Courtney M. Jackson, D.D.S.

ROOT CANAL TREATMENT CONSENT FORM

Patient's Name: _____ Record #: _____

Today's Date: _____ Tooth No.: _____ Procedure: _____

Risks of Endodontic Treatment

- I understand that many factors contribute to the success of root canal treatment and not all factors can be determined in advance. Some of the factors are: my resistance to infection; the bacteria causing the infection; the size, shape and location of the canals. My case may be more difficult if my tooth has blocked, curved, or narrow canals.
- I understand that root canal treatment may not relieve my symptoms and treatment can sometimes fail for unexplained reasons. If treatment fails, other procedures (including re-treatment or surgery) may be necessary to retain the tooth, or it may have to be extracted.
- I understand that during and after treatment, I may experience some pain or discomfort, swelling, bleeding and loosening of dental restorations. I may also need antibiotics to treat any associated infections.
- I understand that root canal instruments sometimes separate (break) inside the canal which may or may not effect the prognosis. If the separated fragment cannot be retrieved, it may be sealed inside the root canal, or require additional treatment in the future.
- I understand that other risks include perforation by an instrument, sinus perforation and/or nerve disturbances.
- I understand local anesthetic will be given. Some discomfort following treatment may develop from the injection area and from opening my mouth during treatment. On rare occasions, paresthesia of the nerve may occur.
- I understand that once root canal treatment is completed, I must have a permanent restoration placed by my regular dentist within the next few weeks. If I fail to have the tooth restored, I risk a failure of the root canal treatment, decay, infection, tooth fracture and/or loss of the tooth.

Alternatives To Endodontic Treatment

Depending on my diagnosis, there may be alternatives to root canal treatment that involve other types of dental care. I understand the most common alternatives to root canal treatment are:

- **Extraction.** I may choose to have this tooth removed. The extracted tooth usually requires replacement by an artificial tooth by means of a fixed bridge, dental implant, or removable partial denture.
- **No treatment.** I may choose to not have any treatment performed at all. If I choose no treatment, my condition may worsen and I may risk serious personal injury, including severe pain, localized severe pain, localized infection, loss of this tooth and possible other teeth, severe swelling, and/or severe infection that may spread to other areas and could be potentially fatal.

I acknowledge that I have provided accurate medical history, will follow treatment recommendations, and have had the opportunity to ask questions about these risks in continuing with root canal treatment.

Patient's Signature: _____ Date: _____

Parent/Guardian (if minor): _____ Date: _____

Provider's Signature: _____ Date: _____

7500 Green Bay Road Kenosha, WI 53142 262-842-7022 kenoshaendo@secureds.com	10401 West Lincoln Avenue Milwaukee, WI 53227 414-546-1900 westallisendo@secureds.com	10532 N. Port Washington Road Mequon, WI 53092 262-241-8300 mequonendo@secureds.com	3314 Superior Avenue Sheboygan, WI 53081 920-452-9550 sheboyganendo@secureds.com	519 Midland Court Janesville, WI 53546 608-755-9900 janesvilleendo@secureds.com	1185 Corporate Center Drive #330 Oconomowoc, WI 53066 262-567-7840 oconomowocendo@secureds.com
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