Orchard ENDODONTICS

JAY LANG D.D.S., M.S.
T.J. DAWS D.D.S.
LINDSEY LALONDE, D.D.S., M.S.

51745 Van Dyke
Shelby Township, MI 48316
(586) 739-3636 (Endo)
www.orchardendodontics.com

CONSENT FOR ROOT CANAL TREATMENT

The purpose of this document is to inform you about your condition and any necessary endodontic procedures, as well as to obtain your consent prior to initiating treatment. Endodontic therapy, or root canal treatment, is a procedure performed in an attempt to save a tooth that would otherwise need to be removed.

I understand that the potential risks of the proposed treatment include but are not limited to: Swelling; sensitivity; bleeding; pain; infection; numbness and/or a tingling sensation in the lip, tongue, gums, cheeks, and teeth which is transient but on infrequent occasions may be permanent; TMJ (tempro-mandibular joint) difficulty; loosening of teeth, crowns, or bridges; referred pain to ear, neck, and head; nausea; vomiting; allergic reactions; delayed healing; sinus perforation; and treatment failure. Risks associated with the use of dental instruments include: separation or breakage of instruments within the tooth; damage or fracture of crowns, bridges, fillings, veneers or tooth structure; and perforations (communication outside) of the tooth, root, or sinus. Complications occurring from medications, anesthetics, and injections include but are not limited to: swelling, bruising, or discoloration of the face; allergic reactions; drowsiness; and lack of coordination. **The use of antibiotics may inhibit the effectiveness of birth control pills.**

The most common complication of Endodontic surgical and non-surgical treatment include (but are not limited to): Broken instruments; perforations; damage to existing crowns, bridges or restorations; fractures of the tooth or root; recession of the gums exposing the root surface; and the inability to find or negotiate the canals necessitating re-treatment, endodontic surgery, or removal of the tooth.

I understand that the risks associated with medications used during the procedure or prescribed for the condition include (but are not limited to): nausea, vomiting, allergic reactions, drowsiness, lack of coordination, and impairment of motor and cognitive skills. The use of other drugs or alcohol with prescribed medications may result in detrimental side effects or interactions and may create an inability to safely operate a motor vehicle or hazardous device. **Please check with your pharmacist prior to taking any prescribed medication.**

I understand that other treatment choices include: no treatment; postponing treatment until symptoms localize or become more definitive; and tooth removal or extraction. The risks associated with these other options may include pain, infection, swelling, loss of teeth and other serious health problems.

I understand that after my treatment is completed at this office it is necessary to return to my dentist for a permanent restoration in my tooth within 2-4 weeks. The cost of the permanent restoration is not included in the root canal fee and is the responsibility of the patient. The temporary filling placed today is a short term solution to protect the tooth from re-infection and failure to have it replaced with a permanent restoration may result in tooth fracture or the need for re-treatment of the root canal or extraction.

I, the undersigned, being the patient, parent or guardian give my consent to Dr. Lang to perform the proposed treatment determined necessary and advisable. I understand that root canal treatment has a high degree of success however it is still a biological procedure without guarantee or warranty. Anatomical variations as well as previous treatment of the tooth may compromise the success of any procedure. In some cases, additional treatment costs may be incurred to properly treat pain or swelling that may persist following root canal treatment and in some cases the tooth cannot be saved. I consent to the anonymous use of x-rays and reports for publication, presentations or educational purposes. All of my questions have been answered to my satisfaction. I have carefully read and understand the above statements and give my consent for the treatment.