



Consent for Endodontic Treatment

1. I hereby authorize **Dr. Nguyen** and any other agents or employees of Archer Dental Specialists and such assistants as may be selected by any of them to treat the condition(s) described below:

2. The procedure(s) necessary to treat the condition(s) have been explained to me, and I understand the nature of the procedure(s) to be:

3. The prognosis for this (these) procedure(s) was described as:

4. I have been informed of possible alternative methods of treatment including no treatment at all. **I am also aware that I am to return to my general dentist following endodontic therapy for a permanent restoration.**

5. The doctor has explained to me that there are certain inherent and potential risks in any treatment plan or procedure. I understand that the following may be inherent or potential risks for the treatment I will receive: swelling; sensitivity; bleeding; pain; infection; numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth, which is transient but on infrequent occasions may be permanent; reactions to injections; changes in occlusion (biting); jaw muscle cramps and spasm; temporomandibular joint difficulty; loosening of teeth, crowns or bridges; referred pain to ear, neck and head; delayed healing; sinus perforations; treatment failure; complications resulting from the use of dental instruments (broken instruments-perforation of tooth, root, sinus), medications, anesthetics and injections; discoloration of the face; reactions to medications causing drowsiness and lack of coordination; and antibiotics may inhibit the effectiveness of birth control pills.

6. It has been explained to me and I understand that a *perfect result is not guaranteed.*

7. I have been given the opportunity to question the doctor concerning the nature of treatment, the inherent risks of the treatment, and the alternatives to this treatment.

8. This consent form does not encompass the entire discussion I had with the doctor regarding the proposed treatment.

During the course of treatment it is possible that one of the following procedures may be needed:

Treatment of Root Canal Obstruction (D3331): If foreign bodies are blocking a root canal, the canal may become non-negotiable. It is not always possible to diagnose treatment of obstruction before entering canal. The fee for treatment of obstruction is \$280, and may not be covered by insurance.

Incomplete Endodontic Therapy (D3332): When a root canal cannot be completed due to fracture it is incomplete endodontic therapy. The fee for incomplete endodontic therapy is \$392, and may not be covered by insurance.

If either treatment of obstruction or incomplete endodontic therapy is completed payment is due at time of service.

Print Patient Name _____ Date _____

Patient's Signature _____ Date _____

Doctor's Signature _____ Date _____

Witness's Signature _____ Date _____