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ENDODONTIC CONSENT AUTHORIZATION

Endodontic Root Canal Therapy, Endodontic Surgery, Anesthetics, and Medications

We want our patients to be well informed of the various procedures involved in endodontic therapy and we need to have their consent before starting treatment. Endodontic (root canal) therapy is performed in order to try to save a tooth which otherwise might need to be removed. This is accomplished by conservative root canal therapy, or when needed, endodontic surgery. There are some possible risks that may occur from endodontic treatment, and other treatment choices, and we have listed those below.

GENERAL RISKS: Risks include but are not limited to complications resulting from the use of dental instruments, drugs, sedation, medications, analgesics (pain medications), anesthetics, and infections. These possible complications include: swelling, sensitivity, bleeding, pain, infection, numbness, and tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth, which are temporary but rarely can be permanent, reaction to injections, changes in occlusion (biting), jaw muscle cramps and spasms, difficulties in and around the jaw joint, loosening of teeth, radiating pain to ear, neck, head, nausea, vomiting, allergic reaction, delayed healing, sinus perforations, and treatment failure.

RISKS MORE SPECIFIC TO ENDODONTIC THERAPY: The risks include the possibility of instruments broken within the root canals, perforations (extra openings) of crown or root of the tooth, damage to bridges, existing fillings, crowns or porcelain veneers, loss of tooth structure in gaining access to canals, and cracked teeth. During treatment complications may be discovered which make treatment impossible, or which may require dental surgery. These complications may include: blocked canals due to fillings or prior treatment, natural calcification accumulations in the nerve canals, broken instruments, curved roots, periodontal disease (gum disease), splits or fractures of the teeth.

POTENTIAL RISKS WITH 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). You should not operate any motor vehicle or hazardous devices until you have fully recovered from their effects.

TREATMENT CHOICES OTHER THAN ROOT CANAL TREATMENT: These include no treatment, waiting for more definite development of symptoms, and tooth extraction (removing the tooth). Risks involved in these choices might include pain, and infection to other areas.

ACKNOWLEDGEMENT AND CONSENT: I, the undersigned, being the patient/guardian acknowledge that I have read and understand this authorization form and consent to the performing of procedures which are necessary or advisable in the opinion of the doctor, including root canal treatment. **I reserve the right to refuse treatment if after case discussion with the doctor I do not want the recommended treatment. I also understand that upon completion of endodontic therapy I may need to return to my general dentist for a permanent restoration of the tooth involved, such as a crown, tooth colored filling or silver filling.**

I understand that root canal treatment is an attempt to save a tooth that would otherwise be lost. Although root canal treatment has a very high degree of success, it cannot be guaranteed. Reputable practitioners cannot guarantee results. Occasionally a tooth that has had a root canal treatment may require re-treatment, surgical intervention or even extraction. I realize that I (not my insurance company) am financially responsible for charges related to this treatment. We do not accept insurance assignments. **Full payment is due at the time of completion of the treatment.**

UPON COMPLETION OF ROOT CANAL TREATMENT, I AM TO RETURN TO MY REGULAR DENTIST FOR PERMANENT RESTORATION.

Signature of Patient or Guardian _____ Date _____

Witness _____ Date _____

Please note: As a courtesy to others cell phones need to be placed on "vibrator mode" during time of treatment. Thank you for your help in this matter.

****TURN PAGE OVER AND COMPLETE CONFIDENTIAL MEDICAL HISTORY****