



Informed Consent for Endodontic Therapy on Tooth # _____

Root Canal Therapy has been explained to me and my questions answered. I understand that root canal treatment is a procedure undertaken to retain a tooth that may otherwise require extraction. Although root canal therapy has a very high degree of clinical success (90%), it is a biologic procedure and results cannot be guaranteed. Possible instrument separation and complexities from curved canals may arise. I also understand that occasionally, some teeth that have had non-surgical root canal treatment may require additional procedures such as, re-treatment and/or root-end surgery, at a later time. I also understand that even after root canal therapy, re-treatment and surgery, a small percentage of teeth nevertheless require extraction. I understand the final restoration for this tooth should be completed as soon as possible.

Signed: _____ Date: _____
(patient or parent)

Printed Name: _____



Informed Consent for Endodontic Therapy on Tooth # _____

Root Canal Therapy has been explained to me and my questions answered. I understand that root canal treatment is a procedure undertaken to retain a tooth that may otherwise require extraction. Although root canal therapy has a very high degree of clinical success (90%), it is a biologic procedure and results cannot be guaranteed. Possible instrument separation and complexities from curved canals may arise. I also understand that occasionally, some teeth that have had non-surgical root canal treatment may require additional procedures such as, re-treatment and/or root-end surgery, at a later time. I also understand that even after root canal therapy, re-treatment and surgery, a small percentage of teeth nevertheless require extraction. I understand the final restoration for this tooth should be completed as soon as possible.

Signed: _____ Date: _____
(patient or parent)

Printed Name: _____