



priory dental
care

Consent for Root Canal Treatment

Dr Martin Hako and/or associates has explained to me the method and manner of the proposed treatment, the alternatives to root canal treatment, and the possible complications, including but not limited to the following:

- 1) Post-treatment discomfort lasting a few hours to several days for which medication may be prescribed if necessary.
- 2) Post-treatment swelling of the gum in the vicinity of the tooth or facial swelling, either of which may persist for several days or longer.
- 3) Infection.
- 4) Trismus (restriction of jaw opening) which usually lasts several days but may last longer.
- 5) Failure rate of 5% to 10%. If failure occurs, the treatment may have to be redone, root-end surgery may be required, or the tooth may have to be extracted.
- 6) Breakage of root-canal instruments during treatment, which may in judgement of the dentist be left in the treated root canal or require surgery for removal.
- 7) Perforation of the root canal with instruments which may require additional corrective surgical treatment or result in premature tooth loss or extraction.
- 8) Premature tooth loss due to progressive periodontal (gum) disease in the surrounding or supporting area.

I understand that the tooth may be weakened following root canal treatment and may need to be supported by placement of a crown (cap) over the tooth.

I understand that I may be advised to return in 6 months for a follow-up radiograph to ensure that proper healing is taking place, and that failure to do so may result in loss of the tooth due to recurrent infection.

I consent to the treatment and understand the risks involved.

Patient Signature: _____ Date: _____

Patient Name: