



Dental Group at Reston Station

Consent for Root Canal Treatment

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PRACTICE LIMITED TO ENDODONTICS

Patient Name: _____ Tooth #: _____

Root Canal Treatment removes diseased or damaged tissue from inside a tooth. After the tissue is removed, the root canals are cleaned, filled, and sealed.

The alternatives to root canal treatment include: no treatment, tooth removal with no replacement, or replacement with a fixed or removable partial denture or an implant.

Root canal treatment is highly successful (90%-95% in most cases). Many factors contribute to the success of root canal therapy and some cannot be determined in advance. Some of these factors are: general health, resistance to infection, condition and shape of the root canals and strength of the tooth including possible fracture lines. In addition, complicated canal shapes and blockages may result in instrument separation and require sealing the instrument in the canal if it cannot be removed. With some teeth, conventional root canal treatment alone may not be sufficient and an additional root canal surgical procedure may be necessary to resolve the problem. If root canal treatment fails to resolve the problem, the tooth may have to be removed.

Teeth with root canal treatment must be protected. Between appointments a temporary filling is placed in the tooth. After the root canal therapy is finished, it is important to see your general dentist promptly so that a permanent restoration can be provided for the tooth.

The tooth may normally be sensitive following appointments due to inflammation of the tissues surrounding the tooth. If sensitivity lasts more than a few days, or if other problems or questions arise call our office.

I have discussed all of the above with the doctor and have had all my questions answered. Fees have been quoted. (An office charge will be added to my account balance for cancellations with less than 24 hours notice).

I acknowledge that no guarantee or assurances have been given by anyone as to results that may be obtained.

Patient Signature

If a Minor, Parent or Guardian Signature

Doctor Signature

Date