



The Hub Dental Practice
Consent Form for Root Canal Treatment

Signing this consent form is an acknowledgement:

That the dentist has explained the likely outcomes and possible complications of each alternative option; that the dentist has made leaflets and other relevant information available to me to help with my decision making.; that the dentist has given me an opportunity to ask questions about any matters related to my treatment, raise any other concerns and given me the opportunity to postpone the treatment or seek a second opinion; that the dentist has also explained to me the options and complications related to restoring the gaps created by the extraction of teeth and the complications related each; that the dentist has also explained to me the options and complications related to leaving the gaps created by the extraction of teeth unrestored and the complications related to this option.

When we start the root treatment we may reveal that the root treatment has a poorer prognosis that was expected if this is the case then we will inform you and discuss your options. If the case is not successful, the treatment may have to be redone, the patient may need to see a specialist, a surgical procedure maybe required, or the tooth extracted. In each instance, an additional charge will be made.

Periodic recall examination is always recommended to evaluate the healing after treatment and no further charges are made for it. However, compliance is the responsibility of the patient.

It is essential to follow the treatment plan and keep appointments as **delays can mean failure of the whole treatment**. This applies to **the Root Canal Treatment as well as the placing of the permanent restoration**. As the appointments for Root Canal are generally very long we reserve the right to charge for missed appointments or where at least 72 hours are not given for cancellations.

It is important to understand that the FULL PAYMENT for completing the Root Canal Treatment is due on the first visit, and as the main costs are applied to the first visit then NO REFUND IS GIVEN if the patient fails to, or decides not to, complete the treatment.

Possible complications of treatment include, but are not limited to the following:

- Procedural difficulties in the course of treatment.
- Swelling, soreness, infection, trismus, paresthesia, or discoloration of the adjacent soft or hard tissues.
- Fractures of the crown or root of the tooth.
- When a root canal is done on a tooth which has an existing crown or is part of a bridge then it is very common for the crown or bridge to be damaged beyond repair, for example the porcelain fracturing off. An assumption should be made that if the tooth has a crown/veneer/inlay already or is part of a bridge then a replacement will be required and that extra charges will apply for the replacement of the crown/bridge/veneer/inlay.
- Fragmentation of the root canal instruments (Files/Reamers) can occur during treatment. This is particularly true where the canals are twisted, blocked or otherwise not completely straight and conical. When there is a broken file in the canal there are several options:
 1. Referral to a Specialist Endodontist (Extra Charges will apply)
 2. Continuing with the RCT and trying to take the file out with the increased risk of perforation/damage to the root canal
 3. Waiting and deferring a decision.
 4. Extraction (Extra Charges will apply)

These options will be discussed with you for you to make a choice

- Perforation of the root with instruments.
- Complications following local aesthetic injection: hematoma, paresthesia, allergy, increased heart rate, etc.
- Treatment Failure and loss of the tooth may occur is there is any delay with the placing of the permanent restoration and it is essential that there is no delay. (This is normally done 4 weeks after completion of the Root Canal Treatment)
- Additional unknown or unspecified problems, the explanation for and the responsibility of cannot be given or assumed.
- That the tooth may not be restorable when the Root Canal Treatment is finished.

Options for treatment

The dentist has explained the options and choices for current and future treatment needs including crowns, implants, bridges, dentures, and the likely outcomes of each choice if complications occur.

The dentist has also explained the risks of not having the procedure and/or not having/delaying the permanent restoration.

The dentist has made leaflets and other relevant information available to me to help with my decision making.

The dentist has given me an opportunity to ask questions about any matters related to my treatment, raise any other concerns and given me the opportunity to postpone the treatment; seek a second opinion or be referred to a specialist Endodontist.

The dentist has also explained the importance of returning for a review after the endodontic treatment to discuss further treatment and/or management related to my Dental care.

Informed Consent

I certify that I have been told that the cost of the Root Canal Treatment quoted includes associated x-rays and a temporary restoration (usually a dressing) and that there is an extra charge for a permanent restoration (filling or crown); and I certify that I have been told that the future permanent restoration is essential and any delay in placement can mean failure of the treatment and extraction of the tooth.

I realize that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment, or that I can decide to discontinue the treatment. Similarly signing this means that I only pay for the Root Canal Treatment once it is started.

(CF Root Canal Treatment)

Patients Name _____ Patients Date of Birth _____

Signature _____ Date _____