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Informed Consent Form Root Canal Therapy

1. Root Canal Therapy is about 95% successful. Many factors influence the treatment outcome: the patient's general health, bone support around the tooth, strength of the tooth including possible fracture lines, shape and conditions of the root and nerve canal (s), etc.
2. Teeth treated with root canals must be protected during treatment. Between appointments, your tooth will have a temporary crown or a temporary cement filling. If this should come out, please call the office and arrange to have it replaced
3. The tooth may normally be sensitive following appointments and even remain tender for a time after treatment is completed. If sensitivity persists, and does not seem to be getting better, even several weeks after the root canal is finished, please let the Doctor know.
4. Fractures are one of the main reasons why root canals fail. Unfortunately, some cracks that extend from the crown down to the root are invisible and hard to detect. They can occur on uncrowned teeth from traumatic injury, biting on hard objects, habitual clenching or grinding, even just normal wear and tear. Whether the fracture occurs before or after the root canal, it may require extraction of the tooth.
5. Since teeth with root canals don't have blood supply after the nerve is removed they are more brittle than other teeth, so the Doctor will probably recommend a crown to prevent future damage.
6. Teeth treated with root canals can still decay, but since the nerve is gone, there will be no pain. As with other teeth, the proper care of these teeth consists of good home care, a sensible diet, and periodic dental checkups.
7. With some teeth, conventional root canal therapy alone may not be sufficient. For example, if the canal(s) are severely bent or calcified, if there is substantial or longstanding infection in the bone around the roots, or if a metal file becomes separated within a canal which could happen with curved or calcified canals, the tooth may remain sensitive and a surgical procedure may be necessary to resolve the problem.

The nature of Root Canal Therapy has been explained to me and I have had a chance to have my questions answered. In light of the above information, I authorize the doctor to proceed with the treatment.

Patient's

Signature _____ Date _____

