



FRISBIE FAMILY DENTISTRY

Kent Frisbie, D.D.S.

Informed Consent For Root Canal Therapy Treatment

I understand that root canal therapy is a procedure to retain a tooth that may otherwise require extraction. Although root canal therapy has a high degree of success, it is still a biological procedure that cannot be guaranteed.

Complications may occur during treatment that may affect the longevity of the tooth. Treatment risks include, but are not limited to the following:

1. Post-treatment discomfort lasting a few hours to several days for which medication will be prescribed if deemed necessary by the doctor.
2. Post-treatment swelling of the gum area in the vicinity of the treated tooth or facial swelling; either of which may persist for several days or longer.
3. Trismus (restricted jaw opening), which usually lasts a few days, if any.
4. A Failure rate of 5%-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).
5. Breakage of root canal instruments during treatment, which may in the judgment of the doctor be left in the treated root canal or require surgery for removal.
6. Perforation of the root canal with instruments, which may require additional surgical corrective treatment or result in premature tooth loss or extraction.
7. Premature tooth loss due to progressive periodontal (gum) disease in the surrounding or supporting area.

I also understand that Root Canal Therapy is only a part of restoring the affected tooth. Following root canal therapy, the permanent restoration (filling, onlay, build-up & crown, etc.) will be needed as a separate procedure.

I also understand I am to return for a reevaluation visit in conjunction with my regular continuing care appointments, so Dr. Frisbie can monitor the root canal therapy treatment for further treatment as may be necessary. If I do nothing, pain, severe abscess or disabling infection can result.

NO warranty or guarantee of success has been or can be given in root canal therapy treatment. However, every effort will be made to successfully treat your tooth.

The doctor has answered all of my questions and I fully understand the above statement in this consent form.

Patient signature

Date

Doctor signature

Date

Witness signature

Date