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**INFORMED CONSENT FOR ROOT CANAL TREATMENT**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_ Treatment \_\_\_\_\_

**Facts for Consideration**

*Patient's initials  
 Required*

\_\_\_\_\_ Root canal treatment, also called *endodontic treatment*, involves removing the nerve tissue (called *pulp*) located in the center of the tooth and its root or roots (called the *root canal*). Treatment involves creating an opening through the biting surface of the tooth to expose the remnants of the pulp, which then are removed. Medications may be used to sterilize the interior of the tooth to prevent further infection.

\_\_\_\_\_ Once the root canal treatment is completed, it is essential to return promptly to your dentist to begin the next step in treatment. Because a temporary seal is designed to last only a short time, failing to return as directed to have the tooth sealed permanently with a crown or filling can lead to other problems such as deterioration of the seal, resulting in decay, infection, gum disease, fracture, root canal failure, and the possible premature loss of the tooth.

**Risks of Root Canal Treatment, Not Limited to the Following:**

\_\_\_\_\_ **I understand** that following treatment I may experience **pain, swelling, and discomfort** for several days, which may be treated with pain medication. It is possible infection may accompany root canal treatment and must be treated with antibiotics. I will immediately contact the office if conditions worsen or if I experience fever, chills, sweats, or numbness.

\_\_\_\_\_ **I understand** that I may receive a **local anesthetic and/or other medication**. In rare instances patients have a reaction to the anesthetic, which may require emergency medical attention, or find that it reduces their ability to control swallowing.

\_\_\_\_\_ **I understand** that all **medications** have the potential for accompanying risks, side effects, and drug interactions. Therefore, it is critical that I tell my dentist of all medications I am currently taking.

\_\_\_\_\_ **I understand** that holding my mouth open may temporarily leave my **jaw feeling stiff and sore** and may make it difficult for me to open wide for several days. However, this can occasionally be an indication of a further problem. **I must notify your office** if this or other concerns arise.

\_\_\_\_\_ **I understand** that occasionally a root canal instrument may break off in a root canal that is twisted, curved, or blocked with calcium deposits. Depending on its location, the fragment may be retrieved or it may be necessary to seal it in the root canal (these instruments are made of sterile, non-toxic surgical nickel titanium, so this usually causes no harm).

\_\_\_\_\_ **I understand** that my crown restoration may be compromised upon access through the crown to perform endodontic therapy. My crown restoration may fracture or even come loose, which would require replacement by my general dentist. I accept that I am responsible for any fees assessed to replace the crown.

\_\_\_\_\_ **I understand** that root canal treatment may not relieve my symptoms, and I may need my tooth extracted.

\_\_\_\_\_ **Once treatment is begun, it is imperative that the root canal treatment must be completed.** One or more appointments may be required to complete treatment. It is a patient's responsibility to seek attention should any anticipated or undue circumstances occur. Also, the patient must diligently follow any and all pre-operative and/or post-operative instructions given by the specialist and/or staff.

**Consequences if No Root Canal Treatment Is Administered, Not Limited to the Following:**

\_\_\_\_\_ I understand that if I do not have root canal treatment, my discomfort may continue and I may face the risk of a serious, potential life-threatening infection, abscesses in the tissue and bone surrounding my teeth and eventually, the loss of my tooth and/or adjacent teeth.

**Alternative Treatments if Root Canal Treatment is Not the Only Solution, Not Limited to the Following:**

\_\_\_\_\_ I understand that depending on my diagnosis, alternatives to root canal treatment may exist which involve other disciplines in dentistry. Extracting my tooth is the most common alternative to root canal treatment. It may require replacing the extracted tooth with a removable or fixed bridge or an artificial called an implant. I have asked my dentist about the alternatives and associated expenses. My questions have been answered to my satisfaction regarding the procedure, their risks, benefits, and costs.

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

**Additional remarks/comments:**

- I consent to the root canal treatment as described by *Dr. Phuong N. Quang* and/or her associates.
- I refuse to give my consent for the proposed treatment as described above.
- I have been informed of and accept the consequences if no treatment is rendered.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

I attest that I have discussed the risks, benefits, consequences, and alternatives to root canal with \_\_\_\_\_  
(patient's name) who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date