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Comprehensive Family Dentistry

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INFORMED CONSENT TO PERFORM ENDODONTICS

I, the undersigned, have been informed that I require an endodontic procedure (root canal treatment) in an attempt to prevent the need for extraction of the tooth or to improve the restorative possibilities of the tooth and that I fully understand the following:

1. Failure to follow this recommendation will most likely result in:
 - a. The loss of the tooth.
 - b. Bone destruction due to abscess.
 - c. Possible systemic (affecting the whole body) infection.
 - d. Possible severe pain without warning.
2. A certain percentage (approximately 5-10%) of root canals fail necessitating re-treatment, root surgery, or extraction. During instrumentation of the tooth an instrument may break and lodge permanently in the tooth or an instrument may perforate the root wall. These events could ultimately cause the failure of the root canal treatment and loss of the tooth. Root canal treatment relies heavily on radiographic information. Since radiographs are essentially two dimensional shadows they provide reliable but not infallible information. This may also lead to root canal failures.
3. Successful completion of the root canal procedure does not prevent future decay or fracture. The endodontically treated tooth will be more brittle and may discolor.
4. In most cases a post filling and a crown is recommended after completion of the root canal to help prevent fracture and/or improve aesthetics.
5. The endodontic fee, \$ _____, does not cover a filling or crown.
6. Usually the only alternative to root canal treatment is extraction.

I am aware that the practice of Dentistry is not an exact science, that the very nature of the treatment and the uniqueness as an individual require that no predictions can be made. I acknowledge that no guarantees have been made to me. I believe it is in my best interest to proceed with my chosen treatment, as opposed to any alternatives which may exist. I have had ample opportunity to ask any questions I might have and have had them answered to my satisfaction. I agree to abide by the doctor's post-operative instructions and that my failure to properly care for my oral health may lead to further complications. I have had the opportunity to discuss with the doctor my overall health and medical history. I accept the risk of subsequent harms, if any, in hopes of obtaining the desired beneficial results of this treatment.

The risks involved with anesthesia and the treatment itself have been fully explained to me and I do give my free and voluntary informed consent to same.

Signature of Patient or person authorized to consent for patient

Date

Witness

Date