



Informed Consent for Endodontic Treatment

This information is being provided to help you understand the treatment that we may be recommending to you. Before beginning treatment, we want to be certain that we have provided you with enough information, in a way you can understand, so that you are well informed and confident that you want to proceed. This form will provide some of that information. We will also have a discussion with you. Please be sure to ask any questions. It is better to ask before treatment, than to have any doubts after treatment has commenced.

If we recommend endodontic treatment for you, we base this recommendation on the clinical examination(s) we have performed, on the radiographs and other diagnostic tests we have employed, and on our knowledge of your medical and dental history.

Risks of Endodontic Treatment

Although endodontic treatment has a very high degree of success, results cannot be guaranteed. No dental treatment is risk free. We will take all reasonable steps to limit any complications of your treatment. Some risks associated with endodontic treatment include treatment failure; temporary swelling and discomfort; instrument separation; reactions to medications; numbness or tingling of the lip, tongue, chin, gums, cheeks, and teeth which is rarely permanent; damage to bridges, crowns or porcelain veneers; perforations (extra openings); and cracked teeth. During treatment, complications may be discovered that make treatment impossible, or may require dental surgery. If you have any complications following the treatment, please contact our office.

Alternative Treatments

There are many ways to treat dental problems. If we recommend endodontic treatment for you, it is because we think it is most appropriate for your condition. However, there are other ways that your condition can be treated, including extraction of the involved tooth, waiting for more definitive symptoms, or no treatment at all. Risks involved in these choices might include but are not limited to pain, infection, swelling, loss of teeth, and spread of infection to other areas.

Additional Comments:

Consent

By signing this form, you are acknowledging that you have read this form and have been informed about endodontic treatment and associated risks. You are further authorizing Dr. Niemczyk, any of his associates, and any assistant he may require to render the endodontic treatment, if decided upon, to be advisable in the opinion of the doctor. If you prefer, you may wait until after your evaluation and discussion with the doctor before signing this form.

Date: _____

Signature: _____

Witness: _____