smilewave IMPLANT DENTISTRY

# Informed Consent: Endodontic Treatment

If you have questions, write them in this margin and discuss them with Dr. Chun before signing this consent form.

This form and your discussion with your doctor are intended to help you make an informed decision about your procedure. As a member of the treatment team, you have been informed of your diagnosis, the planned procedure, the risks, benefits, and alternatives associated with the procedure, and any associated costs. In order to increase the chance of achieving optimal results, you have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable). Your doctor is available to answer any questions you may have and provide additional information before you decide whether to sign this document and proceed with the procedure.

I have been informed of and understand the potential risks related to this procedure, including but not limited to:

- Pain, swelling, bleeding, infection, bruising, delayed healing, scarring, damage to other teeth and/or roots that may result in the need for tooth repair or loss, loose tooth/teeth, damage to dental appliances, retention of tooth structure, bone or foreign material in the body, cracking and/or stretching of the corners of the mouth, cuts inside the mouth or on the lips, jaw fracture, stress or damage to the jaw joints (TMJ), difficulty in opening the mouth or chewing, allergic and/or adverse reaction to medications and/or materials;

- Discomfort, increased spacing between teeth, altered bite, altered speech, change in the esthetic appearance of teeth and/or smile;

- The need for future treatment, as this procedure may not prevent future tooth decay, tooth fracture, infection, or gum disease;

- Nerve injury, which may occur from the procedure and/or the delivery of local anesthesia, resulting in altered or loss of sensation, numbness, pain, or altered feeling in the face, cheek(s), lips, chin, teeth, gums, and/or tongue (including loss of taste). Such conditions may resolve over time but in some cases, may be permanent and/or require additional treatment;

- Occasionally a tooth that has had Root Canal Therapy may require re-treatment, endodontic surgery, or tooth extraction; Incomplete treatment due to blocked root canals, recurrent infection, fracture of existing crown/filling/other restoration, instrument separation in/out the canal, perforations (openings) of the tooth root, medications/materials outside the root of the tooth.

I have been informed of and understand the potential risks associated with anesthesia, including but not limited to:

- Allergic or adverse reactions to medications or materials;
- Pain, swelling, redness, irritation, numbness and/or bruising in the area where the IV needle is placed. Usually, the numbness or pain goes away, but in some cases, it may be permanent;
- Nausea, vomiting, disorientation, confusion, lack of coordination, and occasionally prolonged drowsiness. Some patients may have an awareness of some or all events of the surgical procedure after it is completed;
- Heart and breathing complications that may lead to brain damage, stroke, heart attack (cardiac arrest), or death;
- Sore throat or hoarseness if a breathing tube is used.

I have been informed of and understand that follow-up visits or care, additional evaluation, and/or treatment may be needed.

Patient or Legal Representative Name & Signature Date

Tooth # Witness Signature Date