



Marshall J. Lavin
ENDODONTICS

Informed Consent for Endodontic Therapy

PLEASE READ. YOU WILL BE ASKED TO SIGN, INDICATING THAT YOU UNDERSTAND THE CONTENTS OF THIS DOCUMENT.

I hereby give my consent for Dr. Lavin to perform the endodontic therapies needed.

I understand that root canal treatment is a procedure to retain a tooth that may otherwise require extraction.

I understand that root canal treatment can have a very high degree of clinical success (85-90% of the routine cases are successful); however, as with any branch of medicine or dentistry, no guarantee of successful treatment can be given or implied. Occasionally, a tooth that has had root canal treatment may require retreatment, a surgical procedure, or even extraction. Root canal cases started in other offices or retreatment cases may have a lower success rate even when the procedure is carried out under optimal conditions.

I understand that to accomplish the root canal procedure it is necessary to alter the existing tooth structure and/or restorations. These alterations require the placement of a new restoration or crown following endodontic therapy. I also understand that proper restoration of the tooth after root canal treatment is a necessity. A crown is generally recommended on a posterior tooth following root canal treatment to protect the tooth from fracturing. The fee for endodontic treatment does not include these restorative procedures.

In addition, I understand it is the patient's responsibility to have an appropriate restoration placed following the root canal procedure.

I understand that periodic recall examinations of the tooth, including radiographs, are recommended to evaluate the success of the treatment rendered. Compliance is the patient's responsibility.

Treatment will be performed in accordance with accepted methods of clinical practice. This will require the administration of local anesthetic agents and placement of a rubber dam. In addition, a number of radiographs will be necessary to accomplish the root canal procedure. The number of radiographs required will vary with the complexity of the case but will be limited to as few as possible to complete the treatment.

Possible complications of treatment include, but are not limited to the following:

- Curved canals/roots
- Calcifications in the root canal space
- Procedural difficulties such as the separation of instruments in the root canal space, and perforation of the crown or root while looking for the root canal space
- Fracture of the crown or root
- Infection, swelling or discoloration of the adjacent tissues
- Pain during or following treatment
- Paresthesia (numbness) as a result of injection of local anesthetic
- Additional unknown or unspecified problems, the explanation for and the responsibility of which cannot be given or assumed.

I understand that I am free to withdraw my consent and discontinue treatment at any time; however, complications such as bone destruction, infection and swelling, and/or pain, etc. may predictably occur if the root canal treatment is not completed.

The number of treatment visits required to complete the root canal varies with the complexity of each case. Generally, routine cases can be completed in one or two appointments.

If at any time I have any questions about the treatment I am receiving, they will be promptly answered.