

# ASHEVILLE ENDODONTICS

## Consent to Endodontic Therapy

The purpose of this document is to provide you with information regarding your endodontic treatment. You will be required to sign it prior to the initiation of treatment; however, it does not commit you to treatment.

We would like to inform you of the various procedures involved in endodontic therapy and have your consent before starting treatment. The following discusses possible risks that may occur from endodontic treatment or other treatment choices.

**Risks:** The risk include the possibility of broken instruments within the root canals; perforations (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns or porcelain veneers; loss of tooth structure in gaining access to canals; cracked teeth; swelling; pain; trismus (restricted jaw opening); infection; bleeding; sinus involvement and a numbness or tingling of the lip, gum or tongue. During treatment, complications may be discovered which make treatment impossible, or which may require dental surgery. These complications may include: blocked canals due to filling or prior treatment, natural calcification, curved roots, periodontal disease (gum disease), splits or fractures of the teeth.

**Medications:** Prescribed medications and drugs may cause drowsiness and lack of awareness and coordination. If you have been prescribed antibiotics please note that they may make your oral contraceptives less effective. Please consult your local pharmacist if you have any questions.

**Other Treatment Choices:** These include no treatment, waiting for more definite development of symptoms or tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infection to other areas.

**Consent:** I, the undersigned, being the patient, parent or guardian consent to the performing of procedures decided upon to be necessary or advisable in this office, I shall return to my general family dentist for a permanent restoration of the tooth involved, such as a crown or permanent filling within no more than four weeks of endodontic treatment.

I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, it is still a biological procedure and cannot be guaranteed. Occasionally a tooth which has had root canal therapy may require retreatment, surgery or even extraction.

## FINANCIAL POLICY

All fees must be paid in full the day services are rendered, unless you have an insurance carrier we might assist you with. This notification is to eliminate any misunderstandings regarding payment for endodontic treatment before your treatment begins. It is your responsibility to ask office personnel any questions about payment *before* your treatment begins. Payment is expected at the time of service and you are responsible for all charges.

1. The patient/guardian does hereby agree responsibility for the financial obligation incurred as a result of the services provided.
2. The patient/guardian agrees that failure to pay may result in legal action being taken, by this office, to collect the amount owed.
3. The patient/guardian agrees to pay any and all reasonable attorney fees that may be incurred due to non payment for services in accordance with this agreement.