

Drs. Noguera & Russo, P.C.
Diplomates, American Board of Endodontics

INFORMED CONSENT

This is my consent to the endodontic procedures indicated and to any other procedure deemed necessary or advisable as part of the planned endodontic therapy performed by Dr. Noguera and Dr. Russo and any assistant they may require. I agree to the use of local anesthesia and/or nitrous oxide, depending upon the judgment of the endodontist involved in my case.

I understand that root canal therapy is a procedure to retain a tooth which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, it is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in this office, nor can patients be treated on a contingency basis.

Rarely, there could be circumstances or conditions which may prevent the outcome of an ideal result. Such conditions may include but are not limited to the following:

- * restricted opening of the mouth which can limit the access
- * ledges or calcification within the canal system
- * pulp stones or any other obstruction in the canal

After completion of treatment, there may be an "awareness" of the tooth for a prolonged period of time. Occasionally, a tooth which has had root canal therapy may require retreatment, surgery, or even extraction at an additional fee. I also understand that only the root canal treatment is to be performed at this office. **The final restoration of my tooth (filling, post, crown, etc.) will be done by my family dentist.**

Complications of root canal therapy and anesthesia may include:

- * swelling, discomfort, bleeding or infection
- * sinus or temporo-mandibular joint involvement
- * numbness or tingling of the lip, gum or tongue (which is rarely prolonged and even more rarely permanent)
- * separation of instruments during treatment
- * perforations (extra openings)
- * damage to existing bridges, fillings, crowns or porcelain veneers
- * missed canals
- * loss of tooth structure in gaining access to canals
- * fracture of the crown or root of the tooth

There are times when a minor surgical procedure may be indicated or when my tooth may not be amenable to endodontic treatment at all. Other treatment choices include no treatment, waiting for more definitive symptoms to develop or tooth extraction. Risks involved in those choices might include but are not limited to pain, infection, swelling, loss of teeth, and infection to other areas.

I understand that medications for discomfort and sedation may cause drowsiness which can be increased by the use of alcohol or other drugs. I will avoid operating any vehicle or hazardous devices while taking such medications. I further understand that certain medications may cause allergic reactions, such as hives, itchiness, rash, difficulty in breathing, intestinal problems, etc. If any of these reactions should occur, I am to call the doctor immediately. Furthermore, I understand that it is my responsibility to report any changes in my medical history.

All my questions have been answered by the doctor, and I fully understand the above statements in this consent form. If the patient is under the age of 18, all signatures must be by parents or guardian.

Patient Signature (Parent or Guardian if patient is a minor)

Printed Patient Name

Procedure/Indicated Treatment

Doctor

Date