



Laser microsurgery - a gentle approach.

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Practice limited to endodontics.

CONSENT TO ENDODONTIC (ROOT CANAL) THERAPY

I understand endodontic treatment (root canal) is performed in order to save a tooth which otherwise might need to be extracted. Even though endodontic therapy enjoys a relatively high degree of success (90-95%), it is still a biological procedure and hence cannot be guaranteed. In a small percentage of cases, teeth which have had or are in the process of having root canal therapy may require retreatment, surgery, or even extraction, due to unforeseen occurrences such as perforation, separated instruments, fractures and calcified canals. After receiving dental anesthetics, some patients may also experience numbness permanently or for prolonged periods of time. This is true for anesthetic given in the mouth for any procedure, not just for root canals.

I understand that I am being treated by an endodontist, a dentist who specializes in saving teeth through root canal treatment and related procedures.

I certify that I have read and fully understand the contents of this form and that the disclosures referred to above will be made to me. I will have the opportunity to ask questions and receive satisfactory answers.

Patient's/Parent Signature

Date

Treating Dentist Signature

Date

**ALL ENDODONTICALLY TREATED TEETH
REQUIRE PERMANENT RESTORATIONS
WHICH MUST BE PLACED BY YOUR
GENERAL DENTIST.**