

Consent

I have been informed and I fully understand that to optimally restore _____ which previous root canal is not adequate, the tooth re-root canal treatment is needed following with post and bridge to ensure the longevity of the tooth.

I fully understand that this is the last attempt to save the tooth and considering the infections around the apex of the root healing guarantees cannot be given as the following canals of this teeth were so long time disposed to bacteria.

I was informed and fully understand of all possible complications (apical changes and tooth extraction).

I fully understand that it is my own responsibility regularly book the appointments with the dentist to monitor the healing process which will be determined in 2-3 months.

I will not seek any compensation if any contradictions will occur in future for these teeth.

I have been explained to my satisfaction and I do understand that during, or after the treatment that I may experience the periods of discomfort.

I understand that in spite of the efforts this tooth may require further root canal surgery, root canal treatment or perhaps extraction at the future. I understand that many factors contribute to the success or failure of root canal therapy which cannot be determined in advance. Some of these factors include, but are not limited to my resistance to infection, the local and shape of the root canal anatomy, my failure to keep scheduled appointments, the failure of my having the tooth restored following the treatment, periodontal (gum) involvement, or an undetected or after the fact caused split (crack) in the tooth.

I understand that once root canal treatment is completed, further restorative treatment will be required, which may include a post/core build up and crown, without which the tooth would be very susceptible to fracture. However, I understand that in the event of complications within my tooth structure, a referral to endodontist may be necessary.

Patient's name:

Signature:

Date:

Dentist name:

Signature

Date: