

## ROOT CANAL CONSENT

\_\_\_\_\_  
Patient Name

I hereby authorize Dr. Landon Libby to perform a root canal on tooth/teeth number(s): \_\_\_\_\_  
The endodontic procedure to be performed has been explained to me and I understand what is to be done.

Root canal treatment may relieve symptoms such as pain and discomfort. If any unexpected difficulties occur during treatment, I may refer you to an endodontist, who is a specialist in root canal treatment.

Treatment performed by endodontist may incur additional fees.

Root canal treatment is intended to allow you to keep your tooth/teeth for a longer time, which will help to maintain your natural bite and the healthy functioning of your jaws. Extracting your tooth/teeth is the most common alternative to root canal treatment. This alternative may require replacing the extracted tooth with a removable or fixed bridge or an artificial tooth called an implant.

The doctor has explained to me that there are certain potential risks in the procedure. These include:

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| <ol style="list-style-type: none"><li>1. Inability to completely fill the root canal because the canal is calcified or has unique curvature. This may require endodontic surgery or extraction of the tooth.</li><li>2. Infection that may occur and may continue, requiring further endodontic surgery or extraction.</li></ol> | <ol style="list-style-type: none"><li>3. Fracture or breakage of the root or crown portion during or after treatment.</li><li>4. Breakage of a tooth by a file or other instrument.</li><li>5. Perforation of the tooth during treatment.</li><li>6. Damage to existing fillings, crowns, or porcelain veneers.</li><li>7. _____<br/>_____</li></ol> |
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I understand that medications, drugs and anesthetics, and prescriptions taken for this procedure may cause drowsiness and lack of awareness and coordination. I further understand that drugs and anesthetics may cause unanticipated reactions, which might require medical treatment. I also understand that I should not consume alcohol or other drugs because they can increase these effects. I have been advised not to work and not to operate any vehicle or machinery until I have fully recovered from the effect of any medications.

**Please do not hesitate to ask the doctor or the staff if you have any questions.**

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Landon Libby

\_\_\_\_\_  
Date