



CONSENT FOR ENDODONTIC THERAPY

Please review the following consent form. You will be required to sign this form prior to the commencement of treatment. Your signature does not commit you to any treatment.

Occasionally, medication will be prescribed by the doctor in our practice. Medications prescribed for discomfort and/or sedation may cause drowsiness, which can be increased by the use of alcohol or other drugs. We advise that you do not operate any motor vehicles or other hazardous devices while taking such medications. In addition, certain medications may cause allergic reactions, such as hives or intestinal discomfort. If any of these problems occur, call our **office immediately**. It is the patient's responsibility to report any changes in his/her medical history to Allen Endodontics, LLC.

I understand that root canal therapy is a procedure that attempts to retain a tooth, which may otherwise require extraction. As a specialty practice, Allen Endodontic Group performs only endodontic therapy and associated surgery. Although root canal therapy has a very high degree of success, results cannot be guaranteed. Occasionally, a tooth, which has had a root canal therapy, can require re-treatment, surgery, or even extraction.

Following treatment, the tooth may be brittle and subject to fracture. A restoration (filling), crown and/or post and core will be necessary to restore the tooth. Your general dentist will perform these procedures.

During endodontic treatment, there is the possibility of instrument separation with the root canals, perforations (extra openings), damage to bridges, existing fillings, crowns or porcelain veneers, missed canals, loss of tooth structure in gaining access to canals and fractured teeth.

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

All of my questions have been answered by the treating doctor and I fully understand all statements contained in this consent form.

Furthermore, I give Allen Endodontics, L.L.C. my permission to voice record, tape digitally, videotape and/or take digital photos of my procedure for purposes of completing my medical record and/or patient education.

Note: All medical records are kept in compliance with HIPPA regulations.

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