John B. Dale, D.M.D., M.S., P.C.

Specialist in Endodontics

Consent for Treatment

Patient's Name_____Date_____

1. Endodontics, as with any branch of medicine or dentistry, is not an exact science. Therefore, no guarantee of treatment success can be given or implied. Many factors influence the treatment outcome, e.g. the patient's general health, bone support around the tooth, strength of the tooth including possible fracture lines, shape and condition of the tooth and nerve canals, and previous work on the tooth.
2. Cases started in other offices or retreatment cases may have a different outcome than expected under optimal conditions.
3. Proper post-treatment restoration is a necessity. The patient must contact the referring dentist after completion of the endodontic therapy to arrange for the permanent restoration.
4. It may be necessary to alter the tooth structure or remove the restoration of the tooth being treated or go through existing crowns or bridgework.
5. Possible complications of treatment include, but are not limited to:
    - Procedural difficulties during the course of treatment (separated instrument, perforation, overfilling, etc.)
    - Fractures of the crown or root of the tooth
    - Persistent paresthesia (numbness) following dental anesthetics
    - Persistent paresthesia (numbness) following endodontic surgery
      If persistent numbness does occur, it will usually resolve in a few days, but there is a very small chance (less than 1%) of this lasting for months or being permanent
    - Post-surgical infection
    - Additional unknown or unspecified problems, the explanation for the responsibility of which cannot be given or assumed

6. Treatment will be performed in accordance with the standard of care and accepted techniques of clinical practice. Included in the therapy will be the taking of a minimal number of radiographs (x-rays) as dictated by the course of treatment.

I hereby grant authority to John B. Dale, D.M.D., M.S. and Poonam Solanki, B..D.S., M.S.D. to administer any treatment, to administer local anesthetic and nitrous oxide sedation, (when needed) and to perform such operations as deemed necessary or advisable in the diagnosis and treatment of this patient.

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Signature of Patient **Date**

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Signature of Guardian (if other than patient) **Date**