Menlo Park Dental Excellence-ChauLong T Nguyen Dental Corporation
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Discussion and Informed Consent for Root Canal Treatment

Patient Name: _____ **Date**:_____

Diagnosis - *Dr. Nguyen's Initials Required:*

_____ Severe deep cavity causing large pulp exposure during filling in tooth # _____

_____ Irreversible pulpitis in tooth # _____

_____ Acute Apical Abscess with symptoms in tooth # _____

_____ Chronic Apical Abscess with/without symptoms

(Sinus tract - ___ yes or ___no) in tooth # _____

_____ Acute Apical Periodontitis with/without symptoms in tooth # _____

_____ Chronic Apical Periodontitis with/without symptoms in tooth # _____

_____ Phoenix Abscess in tooth # _____

_____ Internal/External resorption in tooth # _____

_____ Hypercementosis in tooth # _____

_____ Condensing osteitis in tooth # _____

Treatment:

1. Root Canal Therapy for tooth # _____
2. Build up with composite and post, and crown or onlay in tooth # _____
3. Extraction of tooth # _____
4. Treatment started somewhere else in tooth # _____ on date _____
5. Difficult orifice location in tooth # _____
6. Severe canal curvature of tooth # _____
7. C-shaped canal in tooth # _____
8. Narrow canal in root of tooth # _____
9. Rotation, tilted tooth # _____
10. Limited mouth opening of mm _____

Prognosis:

_____ Favorable _____ Poor _____ Questionable

Facts for Consideration - Patient's Initials Required

_____ Root canal treatment, also called *endodontic* treatment, involves removing the nerve tissue (called *pulp*) located in the center of the tooth and its root or roots (called a *root canal*). Treatment involves creating an opening through the biting surface of the tooth to expose the remnants of the pulp, which then are removed. Medications may be used to sterilize the interior of the tooth to prevent further infection. Root canal treatment may relieve symptoms such as pain and discomfort. If any unexpected difficulties occur during treatment, Dr. Nguyen may refer you to an endodontist, who is a specialist in root canal treatment. You may stop here to request for a referral to see a specialist if you have any concerns.

_____ Twisted, curved, accessory, or block canal(s) may prevent removal of all of the inflamed or infected pulp. The presence of any residual pulp in the canal(s) may cause your symptoms to continue or worsen. This might require an additional procedure called an *apicoectomy*. A small opening is cut in the gums and surrounding bone; any infected tissue is removed and the canal(s) is sealed. An apicoectomy may also be required if your symptoms continue and the tooth does not heal.

_____ Each empty canal(s) that can be located is filled with a material designed specifically for root canal therapy. Sometimes a canal is present but cannot be located. Occasionally, a post is also inserted into the canal to help restore the tooth. After filling the opening in the tooth, the tooth is closed with a temporary or permanent filling and or a crown. In the same appointment or at a later appointment, a permanent filling or crown may be placed. *This is a separate dental procedure not included in this discussion.*

_____ Once the root canal treatment is completed, it is essential to return promptly to begin the next step in treatment. Because a temporary seal is designed to last only a short time, failing to return as directed to have the tooth sealed permanently with a crown or filling can lead to other problems such as the need to repeat the treatment at an additional cost, deterioration of the seal, resultign in decay, infection, gum disease, fracture, and the possible loss of the tooth.

_____ Even in cases with no complications, where a crown or filling is placed right away, this procedure will not prevent future tooth decay, tooth fracture or gum disease, and occasionally a tooth that has had root canal treatment may require endodontic re-treatment, endodontic surgery, or tooth extraction.

Benefits of Root Canal Treatment, Not Limited to the Following:

_____ Root canal treatment is intended to extend the lifespan of your tooth, which will help to maintain your natural bite and the healthy functioning of your jaws. This treatment may also be recommended to relieve the symptoms that may be associated with the diagnosis described above.

Risks of Root Canal Treatment, Not Limited to the Following:

_____ I understand that following treatment, I may experience bleeding, pain, swelling, and discomfort for several days, which may be treated with pain medication. It is possible infection may accompany root canal treatment and may require treatment with antibiotics. I will immediately contact the office if

conditions worsen or if I experience fever, chills, sweats, numbness, sinus problems, severe pain or swelling.

_____ I understand that I may receive a local anesthetic by injection and/or other medication. In rare instances, patients may have a reaction to the anesthetic such that it reduces one's ability to control swallowing, which may require emergency medical attention. This increases the chance of swallowing foreign objects during treatment. ***Depending on the anesthesia and medications administered, you may need a designated driver to take you home.*** Rarely, temporary or permanent nerve injury can result from an injection resulting in numbness of the lip, chin, gums, teeth, cheek and possibly loss of the sense of taste.

_____ I understand that all medications have the potential for accompanying risks, side effects, and drug interactions. ***Therefore, it is critical that I tell my dentist of all the medications and supplements I am currently taking, which are:***

_____

_____

_____ I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days, sometimes referred to as *trismus*. However, this can occasionally be an indication of a most significant condition or problem. In the event this occurs, I must notify this office if I experience persistent trismus or other similar concerns arise.

_____ I understand that occasionally a root canal instrument may separate or break in a root canal that is twisted, curved, or blocked with calcium deposits. Depending on its location, the fragment may be retrieved or it may be necessary to seal it in the root canal (these instruments are made of sterile, non-toxic surgical stainless steel, and typically causes no harm). It may also be necessary to perform an apicoectomy as described above, to seal the end or lower part of the root canal.

_____ I understand that during treatment the root canal filling material may extrude out the root canal into the surrounding bone and tissue. Occasionally, an apicoectomy may be necessary for retrieving the filling material and sealing the root canal.

_____ I understand that other complications which may occur include, but are not limited to: perforations (extra openings) of the canal made by an instrument, blocked root canals that cannot be completely cleaned and filled, fracture, chipping, or loosening of existing adjacent tooth or crown, requiring replacement at an additional cost, temporary or permanent numbness or painful nerve sensations.

_____ I understand teeth that have received root canal treatments may become brittle and be more prone to cracking and breaking over time, which may require removal and replacement with a bridge, partial denture or implant. In some cases, root canal treatment may not relieve all symptoms. The presence of gum disease (*periodontal disease*) can increase the chance of losing a tooth even though root canal treatment was successful.

_____ I understand that root canal treatment may not relieve my symptoms, and I may need my tooth extracted.

Consequences if No Root Canal Treatment is Administered, Not Limited to the Following:

_____ I understand that if I do not have root canal treatment, my discomfort may continue and I may face the risks of a serious, potentially life-threatening infection, abscesses in the tissue and bone surrounding my teeth and eventually, the loss of my tooth and/or adjacent teeth.

Alternative Treatments if Root Canal Treatment is Not the Only Solutions, Not Limited to the Following:

_____ I understand that depending on my diagnosis, alternatives to root canal treatment may exist which involve other disciplines in dentistry. Extracting my tooth is the most common alternative to root canal treatment. It may require replacing the extracted tooth with a removable or fixed bridge or an artificial tooth called an *implant.* I have asked my dentist about the alternatives and associated expenses. My questions have been answered to my satisfaction regarding the procedure, its risks, benefits, alternatives and costs.

Alternatives discussed: extraction, bridgework, dentures, bone graft, implants, costs.

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

Check only one below that applies to you:

- ❑ *CONSENT*: **Yes**, I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above

OR

- ❑ *REFUSAL*: **No**, I refuse to give my consent for the proposed treatment(s) as described above and understand the potential consequences associated with this refusal.

_____ _____

Patient's Signature Date

I attest that I have discussed the risks, benefits, consequences, and alternatives to root canal treatment with the patient, who has had the opportunity to ask questions, and I believe the patient understands what has been explained and willingly consents to the treatments noted herein. As part of this consent agreement, I give my personal pledge as a healthcare professional dedicated to the well-being of my patient to make every reasonable effort to assure the patient receives the best possible care with the least possible risk.

Dr. ChauLong Nguyen, DDS, MAGD, LLSR: _____ Date: _____

Witness (Staff Member) Signature: _____ Date: _____