



IMPRESSIONS DENTAL

5970 S. COOPER RD. STE #1 CHANDLER, AZ 85249 • (480) 814-8888

Dental Treatment Consent Form Root Canal Therapy

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment, and that occasionally metal objects are cemented in the tooth or extend through the root, which does not necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). I understand that in most cases analgesics are required to numb the area being worked on; analgesics can cause allergic reactions causing redness, swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). I further understand that after root canal therapy, it is recommended that a crown and build-up be placed to properly restore the tooth. If a crown is not placed, there is a risk of infection and/or fracture which can lead to the need for a root canal re-treatment or can make the tooth non-restorable.

Patient Name: _____

Patient and/or Guardian Signature: _____

Date: _____

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