

INFORMED CONSENT FOR NON-SURGICAL ROOT CANAL RE-TREATMENT

Patient Name	Date of Birth
Diagnosis	Treatment
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Facts for Consideration

Root canal retreatment may occasionally be required as a tooth may not respond as well as expected to the initial endodontic therapy for numerous reasons, including but not limited to the following:

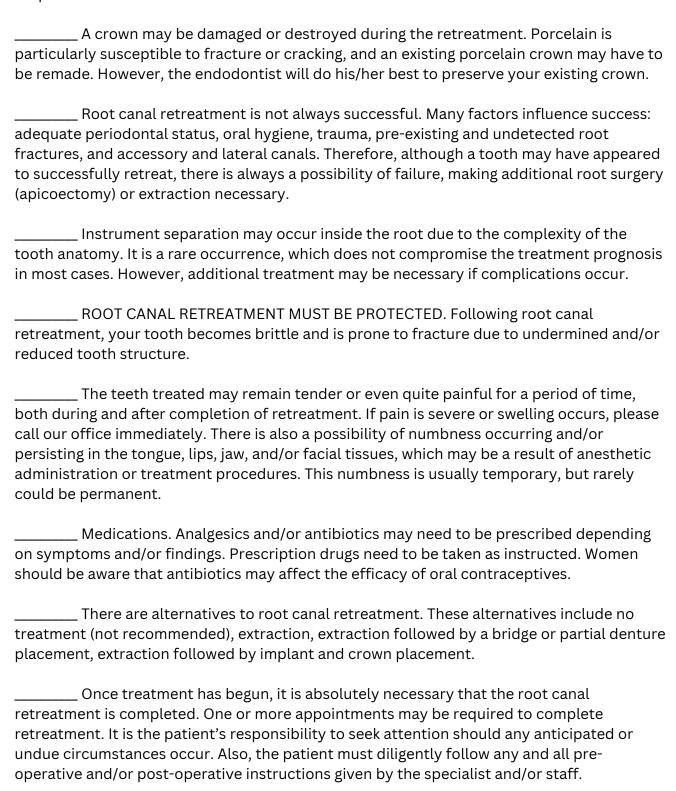
- Inadequately/poorly filled root canals.
- Additional/undiscovered/missed canals.
- Calcified canals.
- Failure to permanently restore the tooth with a permanent restoration, allowing recontamination of the root canal system.
- Root/defective restoration allowing new bacterial contamination.
- Tooth or root fracture/crack.
- Associated poor periodontal condition.

Root canal (endodontic) retreatment involves the re-opening of a previously endodontically treated tooth. This often requires accessing the tooth through permanent restorations (crowns, inlays, onlays, veneers, bridges, etc.), which can become slightly altered or irreparably damaged. However, great care and caution are taken to avoid unnecessary modifications of restorations. Also, often times other restorative materials inside the tooth (posts/build-ups/pins/cast posts) may need to be removed to insure adequate access. Therefore, root canal retreatments usually take longer to complete, may require additional visits and replacement of the restorations, and can be more costly.

I understand that root canal retreatment includes possible inherent risks, but are not limited to the following, including the understanding that no promises or guarantees of results have been made nor are expected:



Patient's initials Required:





Additional remarks/comments:

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of root canal retreatment and have received answers to my satisfaction. I have been given the opportunity to seek alternate treatment. I do voluntarily assume any and all possible risks including, but not limited to, those listed above. No promises or guarantees have been made to me concerning the results. The fee(s) for service has been explained to me and are satisfactory. By signing this document, I am freely giving my consent to allow and authorize the dentist to render any treatment necessary and/or advisable to my dental conditions, including prescribing and administering any and all anesthetics and/or medications.

Patient's initials Required:	
I consent to the root canal retreatment a	as described by the dentist.
I refuse to give my consent for the propo above.	osed treatment as described
I have been informed of and accept the crendered.	consequences if no treatments are
Patient's Signature (or Legal Guardian)	Date
I attest that I have discussed the risks, benefits, coroot canal retreatment withto ask questions.	
Dentist's Signature	Date
Witness' Signature	Date