Oakville
SLEEP DENTISTRY
FOR KIDS & ADULTS

DR. RAVI VASUDEVA
*Certified Specialist in Dental Anaesthesia*
180 Oak Park Blvd., Unit 1
Oakville, On, L6H 0A6

905-257-1234
905-257-2544
info@oakvillesleepdentistry.com
www.oakvillesleepdentistry.com

# CONSENT FOR ROOT CANAL TREATMENT

I have been informed of the nature and purpose of root canal treatment. It has been explained to me that the options to this treatment are extraction or do nothing.

Occasionally, a tooth cannot be saved because the root canals are not accessible, the root is severely fractured, the tooth does not have adequate bone support, or the tooth cannot be restored. In these cases endodontic surgery may be helpful or in some cases extraction may be necessary.

Root canal therapy usually takes from one to three visits. Doing a root canal through a crown or bridge is more difficult. In some cases the crown or bridge may have to be replaced. The final recommendation to retain or replace your existing crown or bridge often cannot be made until the conclusion of your root canal treatment.

I understand there may be certain complications including, but are not limited to pain, swelling, infection and adverse reactions to medications.

I also understand that, more rarely, there could be temporomandibular (jaw) joint symptoms, separation of a portion of an instrument within the tooth that may not be retrievable, perforations, bleeding problems, sinus problems, bruising, and numbness of the lips and/or chin, as well as the tongue, which can, rarely be permanent.

**I understand that a permanent restoration in this case ideally _____ is required to prevent the risk of fracture which placed as soon as possible.**

All my questions have been answered.

I _____ hereby give consent to Dr. _____ to perform root canal treatment on tooth #_____.
I have informed Dr. _____ of all my medical conditions.

_____ _____

SIGNATURE (PARENT IF MINOR) DATE