

# ROOT CANAL TREATMENT ACCEPTANCE FORM

**I understand and it has been explained to me that:**

1. I require one or more root canal therapies.
2. A root canal treatment involves cleaning out the diseased pulp from inside of my tooth all the way to the tip of the roots, followed by the placement of a filling material to completely seal the root canal structures.
3. There is no alternative to this treatment other than the removal of the tooth. If I do not proceed with treatment, then any infection present will continue to fester and possibly affect my overall health.
4. Anesthetic (freezing) will be required for the procedure.
5. The root canal procedure may require more than one appointment depending on the state of the canal system and whether active infection is present.
6. I will be fitted with a temporary restoration until the permanent restoration is placed at the last appointment.
7. It is possible for a temporary restoration to crack or become loose. This would then require further visits to remake and/or replace the temporary restoration. There is no additional fee for such visits.
8. After the appointment(s), I may experience discomfort, swelling, bruising, numbness, and/or infection of either the tooth and/or surrounding tissues including the lips and/or cheeks.
9. During the course of treatment small instruments called “files” will be used to clean and shape the root canal system. There is the possibility that a file tip could break in the canal. If this occurs, then I may need to be referred to a specialist for removal of the file tip, or alternatively the dentist may decide to leave the file tip in the canal and restore around it. The files are made of nickel-titanium and are biocompatible, meaning they are not harmful to living tissues.
10. No guarantee can be made that treatment will be successful because no matter how careful the dentist is with disinfecting the tooth some bacteria may remain and cause disease. There is a possibility that bacteria in a treated tooth may end up requiring further treatment, including but not limited to: retreatment; root tip surgery; or even tooth extraction. Approximately 10-15% of root canal treated teeth require such further treatment. Any such further treatment is not part of the initial work and thus would entail a further fee in addition to what was initially discussed.
11. I may, at the dentist’s discretion, need to be referred to an endodontist (a root canal specialist). All endodontist fees will be as between me and the endodontist, and Chapel Hill Dental will receive no commission or compensation for work performed by an endodontist or other specialist.
12. It has been explained to me that once the root canal therapy is complete, the tooth will need to be restored with a crown because the core of the tooth will have been weakened. There is a high probability that the weakened tooth could fracture without the crown, possibly resulting in the loss of the tooth.

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13. In the event that the tooth requires further therapy at some point in the future, the crown may require replacement. The crown is not covered under any warranty.
14. There has been no guarantee made as to a specific time for my full recovery. Due to the inexact nature of individual healing times and responses to treatment, it is not possible to offer any such guarantee.
15. No guarantee has been made as to the ultimate longevity of the treatment.
16. A large time slot has been reserved for my treatment and if I need to change or cancel my reservation I will provide the office with at least three (3) business days' notice. Failure to attend, or failure to provide adequate notice of change or cancellation, may result in a missed appointment fee of \$75 per hour of reserved time.
17. I acknowledge that I have had time to review this form and ask any questions I may have. I have had all my questions answered to my satisfaction.
18. **I understand the treatment procedure and wish to proceed.**

Patient (or Legal Guardian) Signature:

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Print Name:

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Date:

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