

The Village Dental Practice

Consent form for Root Treatment

Name of Patient: _____

Address: _____

For various reasons such as infection and trauma, the pulp, containing the nerve, may have to be removed before a root treatment.

A root treatment is where we clean out and prepare the root canals of the teeth down into the bone. The canals are then filled with Gutta Percha and a sealant. This may take more than one appointment and require a lot of time and precision.

1. No root treatments are guaranteed, however, we have a high rate of success.
2. The tooth is generally tender for a day or two after a root treatment. This is quite common, as is the need for painkillers, e.g. Asprin or Paracetamol etc. or whatever painkillers you normally use. Antibiotics may also be needed. These will help to keep the inflammation down.
3. It is important to follow up a root treatment with a permanent restoration of the crown part of the tooth with either a filling or a crown.
4. A crown may be necessary because teeth become brittle after root treatment.

I hereby consent to undergo root canal treatment on the following:

Tooth/teeth _____ as explained to me by _____

Who has explained the nature of the treatment, it's purpose, risks and alternatives to me. I have been given the opportunity to ask questions. I understand that should any change in this treatment be required, it will be explained to me and my specific consent obtained.

Treatment: _____

I understand the estimated cost of the treatment will be £ _____

Signature _____ Date _____
(patient/parent guardian)

I confirm I have obtained a full medical history and explained to the person who signed the above form of consent, in terms which in my judgement are suited to his/her understanding, the nature, purpose, risks and alternatives of this treatment and that the anaesthetic techniques and usual pain control procedures have also been explained to him/her.

Signature _____ Name _____ Date _____