



WOODLANDS ENDODONTICS, P.C.

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Practice Limited to Endodontics

Informed Consent and *Notice of Privacy Practices

This document, signed and dated, is my consent for any dental treatment deemed necessary in an attempt to preserve my tooth with root canal therapy. This document will allow the treating doctor to perform a diagnosis, administer local anesthesia or nitrous oxide, and perform root canal therapy and any necessary post-operative care needed.

Although root canal therapy has a very high degree of success, I understand that there are certain uncontrollable risks that can arise which will lead to further treatment being necessary. Some of these potential risks include, but are not limited to the following:

- Fracture of existing tooth structure, fillings, crowns and bridges may occur.
- Short term muscle and jaw pain.
- Temporary or permanent numbness of lip or face from anesthesia or surgery.
- Extremely calcified, curved or previously treated canals can increase the difficulty of treatment causing canal blockage, ledging, root perforation or broken instruments.
- Post-operative pain, swelling and/or infection.
- Overfills or underfills of gutta percha or sealer.
- Multi-focal pain may require treatment of more than a single tooth to alleviate pain.

The other treatments, which could be necessary, include, but are not limited to the following: retreatment, surgery, root removal, or even extraction.

I also understand that there are alternatives to root canal therapy. I have been informed of having no treatment, extraction with no replacement, and extraction with replacement with a bridge, partial or implant.

I also understand that some teeth may have fractures in them, which can lead to eventual extraction of the tooth although they are not detectable at the time of treatment. Most fractures that are in the clinical crown of the tooth are easily restorable with root canal therapy and a full coverage crown restoration. Fractures that extend to the root portion of the tooth may or may not be detectable and can eventually lead to continued chewing pain and eventual extraction.

Once your root canal therapy has been completed, it is your responsibility to see your dentist in a timely manner and have the tooth restored. Failing to have the tooth restored in a timely manner could lead to recontamination of the root canal filling material and subsequent infection with the possible need for retreatment and/or extraction.

*By signing below, I also acknowledge that a copy of The Woodlands Endodontic, P.C. Notice of Privacy Practices (HIPAA) has been offered to me and is posted for viewing.

Patient / Guardian Signature: _____ **Date:** _____

Please Print Name: Last _____ First _____ M.I. _____