



Consent Form for Endodontic Treatment

Dental Hospital, Faculty of Dentistry, Prince of Songkla University

Name: Age: HN:

I have decided to receive endodontic treatment for tooth number:

Number of teeth:

I have read and understood the following information regarding endodontic treatment:

Facts to Consider

Endodontic treatment involves cleaning and filling the root canal(s) to prevent or treat infection of the pulp tissue and surrounding tissues of the root(s).

The procedure is performed by drilling through the chewing surface of the tooth to access the pulp cavity and remove the infected tissue. Specialized instruments and disinfecting solutions are used to clean the root canal system, followed by sealing the canals with a filling material. After root canal treatment, the tooth should be restored permanently with either a filling or a post and crown to prevent reinfection and tooth fracture, which could potentially lead to tooth loss.

The success rate of root canal treatment is generally high. However, if it fails, root canal retreatment, endodontic surgery, or tooth extraction may be necessary.

Benefits of the Treatment

Root canal treatment helps preserve the natural tooth, allowing for normal chewing function for as long as possible.

Risks of the Treatment

The following risks may occur, though not necessarily in every case:

1. Allergic reactions to anesthetic agents.
2. Pain, swelling, or discomfort during and after treatment due to temporary inflammation, which can be managed with pain relievers or antibiotics in case of infection. Patients should contact the dentist if symptoms worsen or if fever develops.
3. In cases of narrow, curved, or blocked canals, it may not be possible to completely remove the infected tissue, potentially necessitating further surgical intervention.

4. Instrument fracture within the canal may occur, especially in complex root canal systems. Broken instruments may either be retrieved or sealed within the canal. If symptoms or pathology persist, surgical intervention might be required.

5. In teeth with open root foramina, filling material might extend beyond the root apex into surrounding tissues. Surgical removal of excess material may be required in some cases.

6. The complexity of the procedure may cause damage to existing fillings, veneers, crowns, or bridges, or lead to root perforation or discoloration.

7. Temporary jaw discomfort or difficulty in opening the mouth widely due to prolonged mouth opening during the procedure.

8. Adverse drug reactions may occur; therefore, patients should inform the dentist of any medications they are taking. Antibiotics may reduce the effectiveness of oral contraceptives.

9. Teeth with pre-existing cracks or extensive structural loss are at higher risk of fracture and may require extraction and tooth replacement. Concurrent periodontal disease increases the likelihood of tooth loss despite successful root canal treatment.

10. Teeth with large lesions or severe infections that do not respond to treatment may require surgery or extraction.

Consequences of Not Receiving Treatment

Untreated infection can progress, leading to potentially life-threatening complications, abscess formation, and eventual tooth loss. Adjacent teeth may also be affected.

Alternatives to Root Canal Treatment

The alternative treatment is tooth extraction, with options for replacement including removable partial dentures, fixed bridges, or dental implants.

Treatment Costs

Costs are based on the latest fee schedule set by the Dental Hospital, Faculty of Dentistry, Prince of Songkla University.

Patient Decision

I have read and understood the information provided, discussed treatment risks, benefits, alternatives, and costs with the dentist, and received satisfactory answers to my questions.

[] I consent to receive endodontic treatment and accept the associated risks and costs, including necessary radiographs.

[] I do not consent to receive endodontic treatment and understand the potential consequences of not receiving the treatment.

Signature:

(.....)

Treating Dentist

Signature:

(.....)

Patient / Authorized Representative

Relationship to the patient:

Signature:

(.....)

Witness

Signature:

(.....)

Witness

Date: Time:

Note:

1. If the patient comes alone, please note "Patient came alone" in the witness signature field.
2. If the patient is under 18 years old, a parent or guardian must sign the patient/guardian field.