Consent form for Endodontic Emergency Treatment

Prince of Songkla Dental Hospital, Faculty of Dentistry

Name: ..... Age: ..... HN: .....

hereby decide to undergo Endodontic Emergency Treatment for tooth no. ....., total of ..... tooth/teeth.

I acknowledge that I have read/ been informed of the following details regarding endodontic emergency care and root canal treatment:

Facts for Consideration

Root canal treatment involves cleaning and sealing the root canal to prevent or treat infection in the dental pulp and surrounding tissues.

Endodontic emergency treatment involves removing inflamed or infected pulp tissue using specialized instruments and disinfectants. The canals are then temporarily sealed. This is performed when the patient presents with pain or swelling, and it helps relieve symptoms while awaiting complete root canal treatment.

Once root canal therapy is completed, the tooth should be restored permanently with either a filling or a post and crown to prevent reinfection or fracture, which may otherwise lead to tooth loss.

Although root canal therapy has a high success rate, some cases may require retreatment, surgical procedures, or extraction if the initial treatment fails.

Benefits of Treatment

Root canal treatment allows the natural tooth to be preserved for as long as possible, maintaining both esthetics and chewing function.

Risks of Treatment

The following risks may or may not occur:

1. Allergic reaction to local anesthesia.

2. Pain, swelling, or discomfort due to temporary inflammation, which can typically be managed with pain relievers or antibiotics. Notify your dentist if symptoms worsen or fever develops.

3. In narrow, curved, or blocked canals, complete removal of infected tissue may not be possible, potentially requiring surgical treatment if symptoms persist.

4. In such complex canals, there is a risk of instrument breakage. If a fragment remains inside the canal, it may either be left in place (if sterile and safe) or require surgical removal if symptoms persist or the fragment is beyond the root tip.

5. In teeth with open root tips, root canal filling material may extrude beyond the root. A surgery may be needed to remove the excess and seal the root tip.

6. During treatment, complications may occur, including damage to restorations (e.g., veneers, crowns, bridges), natural tooth structure, or development of perforations or discoloration.

7. Prolonged mouth opening during treatment may cause temporary jaw pain or limited opening for several days.

8. Medication may cause side effects or interactions. Inform your dentist of all current medications. Women taking oral contraceptives should note that antibiotics may reduce their effectiveness.

9. Cracks or structural damage in the treated tooth may lead to fracture or the need for extraction and replacement. Periodontal (gum) disease may also contribute to tooth loss, even if the root canal treatment is successful.

10. In cases of large lesions or severe infection that does not respond to treatment, surgical procedures and/or tooth extraction may be necessary.

Consequences of Not Receiving Treatment

If left untreated, the condition may continue to progress—with or without noticeable symptoms. Signs and symptoms may include pain, swelling, abscess or cyst formation, and bone loss around the tooth root. Over time, this may lead to the loss of the affected tooth and possibly adjacent teeth. In rare cases, the infection can spread systemically and become life-threatening.

Alternative Treatments

The alternative to root canal treatment is extraction of the tooth, followed by replacement with a removable denture, fixed bridge, or dental implant.

Treatment Costs

Treatment costs are based on the most current fee schedule of the Dental Hospital, Faculty of Dentistry, Prince of Songkla University.

Patient's Decision

I have read/been informed about root canal treatment and its related procedures. I have discussed options and associated costs with my dentist. All my questions regarding procedures, risks, benefits, and costs have been answered satisfactorily.

☐ I consent to the endodontic emergency treatment and accept the risks and costs as described. I also consent to necessary dental radiographs throughout treatment.

☐ I do not consent to the endodontic emergency treatment. I acknowledge that I have received the relevant information and understand the potential consequences of refusing treatment.

Signature: ..... Signature: .....

(.....) (.....)

Treating Dentist Patient / Authorized Representative

Relationship to the patient: .....

Signature: ..... Signature: .....

(.....) (.....)

Witness 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.