

Consent for Root Canal Treatment

Patient name _____

Date of birth _____

Please read this form before your treatment. You will sign it before we begin, but **signing it does not commit you to treatment**. Ask us about anything that is not clear.

Procedure:

☐ Root canal treatment (RCT) ☐ RCT with GentleWave ☐ Other: _____

WHAT I AM AGREEING TO

I consent to the endodontic procedures indicated, and to any other procedures that are necessary or advisable as part of my planned treatment, performed by **Dr. Warren** and any assistant he may need. I agree to the use of local anesthetic (numbing medicine). I understand the doctor will talk with me before giving any sedation or nitrous oxide.

ABOUT ROOT CANAL TREATMENT

- Root canal treatment is done to save a tooth that might otherwise need to be removed. As a specialty practice, we perform only endodontic (root canal) treatment and related surgery.
- Root canal treatment has a very high success rate, but **results cannot be guaranteed**. Occasionally a treated tooth may later need retreatment, surgery, or removal.
- After treatment, the tooth may be brittle and can crack. **My general dentist will need to place a filling or crown** (and possibly a post and core) to restore the tooth.

POSSIBLE RISKS

- **From treatment and anesthetic:** swelling, discomfort, limited jaw opening (trismus), infection, bleeding, sinus involvement, and numbness or tingling of the lip, gums or tongue. Numbness is rarely long-lasting and even more rarely permanent.
- **During treatment:** a small instrument may separate (break) inside a canal; an extra opening (perforation) may occur; bridges, fillings, crowns or porcelain veneers may be damaged; canals may be missed; some tooth structure may be lost while reaching the canals; or the tooth may fracture.
- Sometimes a minor surgical procedure is needed, or the tooth cannot be treated with a root canal at all.

OTHER CHOICES

Other options include no treatment, waiting until symptoms are clearer, or removing the tooth. Risks of these choices include, but are not limited to, pain, infection, swelling, loss of teeth, and infection spreading to other areas.

MEDICINES

Medicine may sometimes be prescribed. Medicines for pain and sedation can cause drowsiness, which alcohol or other drugs can make worse. I should **not drive or operate hazardous equipment** while taking them. Some medicines can cause hives or stomach and intestinal problems. If this happens, I will call right away.

MY RESPONSIBILITIES

- Report any symptoms to the office **right away**.
- Tell the office about any changes in my medical history.

My agreement

All my questions have been answered, and I understand the statements in this form. If the patient is under 18, a parent or guardian must sign.

Patient signature (or parent/guardian) _____

Date _____

Doctor signature _____

Assistant signature _____

Consent for Endodontic Microsurgery

Patient name

Date of birth

I authorize **Roger K. Warren, DDS**, and the dental assistants who work with him, to treat the condition(s) described below:

The procedure(s) needed to treat the condition(s) have been explained to me. I understand them to be:

WHAT I AM AGREEING TO

I consent to the procedures indicated, and to any other procedures that become necessary or advisable during my planned microsurgery, performed by Dr. Warren. Dr. Warren will talk with me before giving any local anesthetic, IV sedation, or nitrous oxide.

Possible risks of microsurgery and anesthesia

Swelling, pain, sores on the gum tissue (ulceration), limited jaw opening (trismus), infection, bleeding, sinus involvement, and numbness or tingling of the lip, gum or tongue, which is rarely permanent.

A sinus fistula (opening) could result, and sinus drainage surgery might be needed if an infection develops.

I will report any symptoms to Dr. Warren right away.

MEDICINES

Dr. Warren may prescribe medicine. Medicines for pain and sedation can cause drowsiness, which alcohol or other drugs can make worse. I should **not drink alcohol, drive, or operate hazardous equipment** while taking them. Some medicines can cause hives or stomach and intestinal problems. If this happens, I will call Dr. Warren right away. I will tell Dr. Warren about any changes in my medical history.

I ALSO UNDERSTAND THAT

- A perfect result is **not guaranteed**.
- I have had the chance to ask the doctor about the treatment, its risks, and the alternatives.
- This form does not cover everything I discussed with the doctor or assistant.
- I give permission to take video, x-rays and photographs of my mouth and teeth for teaching and educational purposes.

QUESTIONS

If anything about the procedure or this form is unclear, or you still have questions after talking with the doctor, please write them below. If you have no questions, write **"NONE."**

Dr. Warren

Patient signature (parent/guardian if under 18)

Date

Doctor

Assistant

Consent for IV Sedation

IV sedation / anesthesia

Patient name

Date of birth

Please read this form carefully and ask us about anything that is not clear. **I understand that IV sedation/anesthesia has possible risks, including but not limited to:**

1 Side effects of medicines and anesthesia.

Tenderness, bruising, nausea, vomiting, swelling, bleeding, infection, numbness, allergic reaction, stroke, and heart attack. **Some of these, although rare, may require hospital care and could even result in death.**

2 Bruising or tenderness where the IV is placed.

Some sedatives may cause burning or itching in the wrist or arm when they start. If IV fluid leaks into the surrounding tissue, swelling (edema) may take several days to go away. Warm, moist heat on the area helps.

3 Limits on food and drink.

Morning appointment: no food or drink after midnight.

Afternoon appointment: a light breakfast no later than 6 hours before treatment, and clear liquids until 3 hours before.

4 Changes in my health.

I will tell the dentist before my appointment about any change in my health, including a fever or cold.

5 A responsible adult must take me home.

I must not drive, or take a bus or taxi, after IV sedation/anesthesia.

6 Pregnancy.

Anesthetics, medicines and drugs may harm an unborn child and may cause birth defects or miscarriage. I am responsible for telling the dentist or anesthesia provider if I am, or may be, pregnant.

Informed consent

I have had the chance to ask questions about the nature and purpose of IV sedation/anesthesia, and they were answered to my satisfaction. I voluntarily accept the possible risks, including serious harm or death, that may come with any part of IV sedation/anesthesia, in hopes of the desired results, which may or may not be achieved. No guarantees or promises have been made about my recovery or the results of treatment. The fees for this service have been explained to me and are acceptable.

By signing, I freely consent to and authorize Dr. Warren and his associates to provide any treatment necessary or advisable for my dental condition, including any anesthetics and/or medicines, for my own benefit or the benefit of my minor child or ward.

Signature of patient, parent/guardian, or authorized representative

Date

Witness signature

Date

Oral Sedation: Information and Consent

Triazolam (Halcion)

Patient name

Date of birth

Triazolam (Halcion) is usually prescribed as a sleeping pill, but it can also greatly reduce the anxiety some people feel about dental visits. You will be relaxed, but still able to talk with the dentist during treatment. It is safe and effective and wears off quickly, but please read these important precautions.

1 Sign before you take the pill.

This form and your treatment consent form must be signed **before** you take the medicine. They are not valid if signed afterward.

2 Eat lightly beforehand.

Do not eat a heavy meal. You may take the medicine with a small amount of food, such as juice or toast. Too much food makes it hard to predict how the medicine will work.

3 Know how it works.

It starts working in 15 to 30 minutes and is strongest after 1 to 2 hours. Most people feel normal after 6 to 8 hours. Nitrous oxide may be used along with triazolam and local anesthetic. If you smoke, the medicine will probably work less well.

4 Possible side effects.

Light-headedness, headache, dizziness, vision changes, memory loss (amnesia), and nausea. In some people, the medicine may not work as hoped.

5 Do not drive for the rest of the day.

Do not drive after taking the medicine. Because people react differently, do not drive or use machinery for the rest of the day. Wait until tomorrow.

6 Getting home safely.

Ride home with your car seat reclined. At home, lie down with your head slightly raised. Someone should stay with you for the next several hours, because you may feel confused and could fall.

DO NOT TAKE THIS MEDICINE IF YOU:

- Are sensitive to benzodiazepines (such as Valium, Ativan or Versed)
- Are pregnant or breastfeeding
- Have liver or kidney disease

TELL THE DOCTOR IF YOU TAKE:

- Nefazodone (Serzone) or cimetidine (Tagamet, Tagamet HB, Novocimetine, Peptol)
- Levodopa (Dopar, Larodopa) for Parkinson's disease
- Antihistamines (such as Benadryl or Tavist)
- Verapamil (Calan) or diltiazem (Cardizem)
- Erythromycin, clarithromycin (Biaxin), or azole antifungals (Nizoral, Sporanox)
- HIV drugs indinavir or nelfinavir
- Alcohol. Recreational or illegal drugs can also cause serious reactions.

My agreement

I understand these precautions and agree to follow them. I have had the chance to ask questions, and they were answered to my satisfaction.

Patient signature

Date

Parent/guardian signature (if under 18)