

## CONSENT AND INFORMATION



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### **Regarding Health History, Endodontic (Root Canal) Therapy, Local Anesthetic and Medications**

It is the belief of this office that you should be informed about the treatment (therapy), and that you should give your consent before starting that treatment. The purpose of this form is to inform you of the risks that may occur with endodontic (root canal) treatment and other treatment choices.

Risks of treatment are of two kinds: those risks involved in general dental procedures, and those risks specific to endodontic treatment.

**RISKS OF DENTAL PROCEDURES IN GENERAL:** Included (but not limited to) are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics and injections. These complications include pain, infection, swelling, bleeding sensitivity, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, reaction to injections, change in occlusion (biting), muscle cramps and spasms, temporomandibular (jaw) joint difficulty, loosening of teeth or restoration in teeth, injury to other tissues, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, itching, delayed healing, sinus complications, and further surgery. Medications prescribed and drugs administered may cause drowsiness and lack of awareness and coordination (and can be influenced by the use of alcohol or other drugs), thus it is advisable not to operate any vehicle or hazardous device, or work until recovered from their effects.

**RISKS MORE SPECIFIC TO ENDODONTIC THERAPY:** These risks include instruments broken within the root canals, perforations (extra openings) of the crown or root of the tooth damage to bridges, existing fillings, crowns and porcelain veneers, loss of tooth structure in gaining access to canals, and cracked teeth. During treatment, complications may be discovered that may make treatment impossible or may require dental surgery. These complications may include: blocked canals due to fillings prior to treatment, natural calcification, broken instruments, curved roots, periodontal disease (gum disease), and splits or fractures of the teeth.

**THE OTHER TREATMENT CHOICES INCLUDE:** No treatment, waiting for more definite development of symptoms, and having the tooth removed. Risks involved in these choices might include pain, swelling, infection, loss of tooth, and infection to the areas. Treatment will be done in a manner to minimize or avoid risks.

Root canal treatment is an attempt to retain a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally a tooth that has had root canal therapy may require retreatment, surgery, or even extraction.

I understand that upon completion of root canal therapy placement of a permanent restoration such as a crown, "cap", jacket, inlay and/or filling will be needed.

I, the undersigned, being the patient (parent or guardian of a minor patient) consent to the performing of the procedures decided upon, after an examination and consultation between the doctor and myself, to be necessary or advisable in the opinion of the doctor.

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Signature of Patient or Guardian

Date