

LA JOLLA ENDODONTICS

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Practice Limited to Endodontics

Patient Information and Consent to Treatment

Welcome! Your dentist has referred you to our office for Endodontic Treatment. All treatment involves a preliminary diagnostic evaluation and consultation, utilizing x-rays, an oral examination and history, plus appropriate testing. A separate fee may be charged for this service.

As an Endodontic Specialty Practice, the office performs only root canals and associated surgery. Endodontic treatment is utilized to relieve pain and infection in the tooth or teeth and the surrounding jaw tissues. Non-surgical Endodontic Therapy is performed using local anesthesia and consists of the removal of the diseased tissues within the root canals of the tooth, and the sealing of the canals. This therapy is a procedure to retain the tooth that may otherwise require extraction.

Although root canal therapy has a very high degree of success, results cannot be guaranteed. Occasionally, a tooth that has had root canal therapy may require retreatment, surgery or even extraction. There is a risk of non-success despite the best of care.

At any time during or following treatment, the tooth may become brittle and may fracture. At the completion of Endodontic Therapy, you must return to your dentist for an evaluation of the tooth for the possible placement of an appropriate filling, crown, and/or post and core returning the tooth to proper function.

Possible Risks Associated With Endodontics Treatment

1. Unpredictable reaction to local anesthetics and medication used in connection with treatment.
2. Hairline fractures within the roots of the tooth or teeth in treatment, as well as cracks, fractures, and breaks in the crown of the tooth.
3. Chipping, breaking, or dislodgement of permanently cemented jackets, crowns, inlays, and bridges.
4. Tenderness and soreness of the teeth and gums, along with tingling and swelling of the associated areas.
5. Untreatable canals, stripping or perforation due to severe canal curvature, severe chambers or root calcifications and/or obstructions.
6. Separation of instruments used in endodontic therapy that may not be recoverable.
7. Underfill and overfill of the filling material (gutta percha) due to the diseased canal system and/or surrounding tissues.
8. On some occasions, at any time in the course of treatment, a surgical approach may become necessary. A separate fee will be quoted for this procedure.
9. Continuation of the infection and need for surgical correction or possible extraction.

Alternative to Endodontic Treatment and Associated Risks

1. Extraction of the tooth, with loss of function, and esthetics.
2. Formation of abscesses and cysts in the jawbone.
3. Spread of infection to adjacent teeth and/or oral structures.

Please do not hesitate to ask any questions in regards to the procedures being performed.

Tooth #: _____ Prognosis: _____

I acknowledge having read the foregoing and understand its contents. I hereby give my consent to treatment.

Patient's Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____