

CHERRY HILLS DENTAL ASSOCIATES, P.C. - FAMILY DENTISTRY

MICHAEL J. SCHWAB, D.M.D.
JOHN D. PFALZGRAF, D.D.S.
SANDRA C. AMBIDA, D.M.D.

Cherry Point Office Building
48000 Happy Canyon Road
Denver, Colorado 80237
303-757-8446

PATIENT INFORMATION & CONSENT

For all teeth requiring non-surgical root canal treatment due to pulpitis, abscess, prosthetic reasons or failed previous treatment

What is root canal (endodontic) treatment and what are its benefits?

Root canal treatment is the procedure of cleaning diseased or infected tissue from inside a tooth followed by the placement of a hermetic seal in the space (root canal) formerly occupied by this tissue. Using a local anesthetic, there is little or no discomfort to the procedure. When swelling is present, root canal treatment may also involve incision and drainage of pus and the use of drug therapy. The main benefit of treatment is the saving of a tooth which would otherwise require extraction. This enables the tooth to remain in the mouth and contribute to a sound, healthy and functional dentition for many years, if not a life time. The practice of endodontics also includes procedures such as tooth bleaching, inducing closure of immature diseased roots, treatment of traumatic injuries and the fabrication of posts and buildup under crowns.

What are the possible complications of treatment?

With a success rate of approximately 95%, endodontic (root canal) therapy is one of the most reliable dental or medical procedures. The doctors at Cherry Hills Dental Associates, use their best skill and judgement, and only the very best and biologically acceptable materials. Therefore, you can be confident you will receive optimum care. Because endodontic therapy is a biological procedure however, there can be no absolute guarantee regarding treatment success. Some very infrequent complications are the possibility of perforations of the tooth or root, damage to existing restorations requiring repair or replacement, the possibility of a split or fractured tooth requiring extraction, the possibility of separation of a portion of an instrument within the tooth which cannot be removed, calcified canals prohibiting thorough debridement, severe abscesses with extensive bone destruction, and the possibility of pain, swelling and infection. The use of prescription drugs during the course of treatment may also result in unexpected drug reactions. Any of these complications could result in failure of the procedure requiring possible retreatment and/or extraction. These complications however, are very infrequent and not anticipated. Scores of teeth are saved every day with no complications or side effects at all.

What alternatives do I have?

Extraction of the tooth is one alternative. if the tooth is removed and not replaced~the empty space will create problems in tooth alignment because of shifting by adjacent teeth This often results in periodontal (gum) disease and you could lose more teeth as a consequence. The missing tooth on the other hand may be replaced by a bridge or partial denture the cost for this is more expensive than root canal treatment and involves dental work on adjacent teeth. Bridges and partial dentures are also harder to keep clean, and again gum disease may result unless meticulous care is rendered Another alternative is the option of no treatment which results in the persistence or reoccurrence of pain and infection with the end result being the loss of the tooth. The seeking of a second opinion is encouraged where doubt exists.

What are my responsibilities?

It is very important to provide Cherry Hills Dental Associates, with a complete and accurate medical history on our health questionnaire, and inform us of any changes or updates at each subsequent appointment. It is also important to take medication as prescribed and to follow post-operative instructions. When root canal treatment has been completed, it is your responsibility to make an appointment for the permanent (outside) restoration (filling, crown, etc.) . As the time of your appointment is reserved exclusively for you, it is important that you give us 24 hours notice if you must reschedule so that your time may be given to someone else. It is also your responsibility to pay for dental services at the time that they are rendered whether or not dental insurance coverage is in effect.

I have read the above form and have been given the opportunity to ask questions. I hereby authorize the doctors at Cherry Hills Dental Associates to perform examination, diagnostic procedures, and indicated treatment. I also acknowledge financial responsibility for these services and agree to pay for them in full by completion of treatment.

Date _____ Patient _____
(If patient is younger than age 18, parental consent is required)

Witness _____ Parent or Guardian _____