Patrick Y. Wei, D.D.S.
Practice Limited to Endodontics
41278 Margarita Rd., Suite 202, Temecula, CA 92591 (951) 693-2239, Fax (951) 693-4131

Informed Consent

This consent is for the sole purpose in authorizing the individual to be seen in our office. This includes the consent of dental x-rays and the consultation by our specialist, with or without treatment.

I understand that root canal treatment is an attempt to save a tooth that may otherwise be extracted due to loss of vitality from infection, decay, or restorative procedures to obtain sufficient retention for restoration. Although root canal therapy has a very high degree of clinical success, it is still a biological procedure, so it cannot be guaranteed. Occasionally a tooth which has root canal therapy may require retreatment, surgery or even extraction.

The following discusses possible risks that may occure from Endodontic Treatment and from other treatment choices:

I have been told the following risks and alternatives including (but not limited to) complications resulting from use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections. These complications include swelling, sensitivity to percussion during or after the canal is sealed, bleeding, pain, infection, numbness and/or tingling sensation of the lip, tongue, chin, gums, cheeks, and teeth which is transient but in frequent occasions may be permanent, changes in occlusion (bite), jaw/muscle cramps and spasms, tempromandibular (jaw) joint difficulty, loosening of teeth, referred pain to ear, neck and head, nausea, vomiting, allergic reactions, delayed healing, sinus perforations, and treatment failure.

I authorize the taking of all X-Rays needed to perform the treatment and the administration of such drugs and anesthetics, as may be deemed advisable by the Doctor.

I understand treatment may be discontinued due to severe decay, calcified canals, inaccessible canals, perforations/resorptions (extra openings) of the crown or root of the tooth, fracture tooth, or the seperation of endodontic instruments. I also understand that surgery may be recommended in these instances.

I understand that surgery may be needed to remove the cystic or infected portion of the root and bone to complete treatment.

I give the Doctor permission to perform root canal therapy through the existing restoration (crown, bridge, veneer,etc.). I understand that this does not guarantee that the restoration will remain intact. The restoration can break or be damaged and may require repair or replacement at my expense performed by my regular dentist.

I understand that the crown of the tooth may darken and/or become brittle due to loss of vitalilty. I also understand that this office recommends restoration of the endodontically treated tooth by my General Dentist as soon as possible following treatment. I also understand that only the root canal treatment is to be performed at this office. The permanent outside restoration (filling, onlay, crown…etc.) will be done by my regular dentist and I am responsible for making that appointment as soon as possible.

I also acknowledge full responsibility for the payment of such services and agree to pay for them, in full, At or Before completion of treatment. I authorize my insurance carrier to issue the dental benefits of my plan directly to this dental office. I also authorize the release of any information necessary to process dental insurance.

OTHER treatment choices: These include no treatment, waiting for more definitive development of symptoms, and extractions. Risks involved in these choices might include pain, infection, swelling, loss of tooth and infection to other areas.

CONSENT: I, the undersigned, being the patient (parent or guardian of minor patient) have read and give consent to the performing of procedures decided upon necessary or advisable by the doctor.

I understand that root canal therapy is an attempt to save a tooth which may otherwise require extraction.

_____ _____

Signature Patient/Parent/Guardian Date

_____ _____

Witness Date