

Kanata Endodontics

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CONSENT FOR NON-SURGICAL ENDODONTIC PROCEDURE

I understand that root canal treatment is a procedure to retain a tooth, which may otherwise require extraction. The necessity of the procedure has been explained. Occasionally, a patient may experience post-operative discomfort, swelling and tenderness to chewing, which may require pain relievers and/or antibiotics for several days. Although root canal treatment has a very high degree of success, it is still a biological procedure, and as such, cannot be guaranteed. Some teeth may require retreatment, surgery, or even extraction.

I understand that root canal treatment (with temporary filling) is to be performed in the office. The permanent restoration (filling and/or crown) has to be performed by my regular dentist. There is a risk of tooth fracture if the permanent restoration is not completed.

I have been given the opportunity to question the doctor concerning the nature of the treatment, the inherent risks of the treatment, and the alternatives to this treatment, and all questions were answered.

I understand that I am responsible for payment of the fees for services rendered which are due and payable at the time of completion of treatment.

Date: _____

Tooth treated: _____ Fee: _____

Signature: _____

Please identify

Patient/parent/guardian

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