

Kanata Endodontics

Maneesh Sharma, DDS, MSc, Cert Endo

Mario D'Addario, DMD, PhD, MSc(Endo), FRCD(C)

CONSENT FOR SURGICAL ENDODONTIC PROCEDURE

I have explained to the patient the nature of his/her dental problem, the nature of the surgical procedure, and the benefits to be gained from this approach compared to other alternatives.

I have discussed with the patient the possibility of complications from the surgical endodontic procedure, including but not limited to infection, bleeding, loss of sensation in the area (paresthesia). I have also informed the patient that no guarantees can be made concerning the results, and the loss of the tooth may occur.

Dr. Sharma/Dr. D'Addario has explained the procedure to me and I consent to the procedure.

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

300 March Road, Suite 500

Kanata, ON K2K 2E2

Tel: (613) 599-4006

Email: referrals@kanataendodontics.ca