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## Consent for Endodontic Treatment

### What are my Alternatives?

Endodontic treatment has been recommended as a procedure for my tooth in an attempt to prevent the tooth's premature loss. My alternatives to the proposed treatment are to have no treatment done or to have the tooth extracted. If no treatment is done, there is the risk of infection, pain and/or loss of the tooth. If the tooth is extracted, then some form of an artificial replacement tooth may be constructed.

### What are the possible complications?

Risks or complications are rare, but some may still occur. The doctor has explained to me that there are certain inherent and potential risks in any treatment plan or procedure. I understand that the following may be inherent or potential risks for the treatment I will receive:

Swelling; sensitivity; bleeding; pain; infection; numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which is transient but on infrequent occasions may be permanent; reactions to injections; jaw muscle cramps and spasms; temporomandibular joint difficulty; loosening of teeth; crowns or bridges; delayed healing; sinus perforations; treatment failure; complications resulting from the use of dental instruments (broken instruments – perforations of tooth, root, sinus) medications, anesthetics, and injections; extruded gutta-percha and/or sealer; root perforations, ingestion of sodium hypochlorite or extrusion of sodium hypochlorite; fracture of porcelain crowns; discoloration of teeth; reactions to medications; and antibiotics may inhibit the effectiveness of birth control pills.

Endodontic treatment is a highly successful procedure for postponing the loss of teeth that would otherwise be extracted. Unfortunately, not all teeth will respond favorably to the treatment. Consequently, it is possible that in the future, my tooth may require additional treatment such as another endodontic procedure, surgery, or even extraction.

As for all dental procedures, I understand it is not possible to guarantee the success of the endodontic procedure, despite all of the efforts of the doctors.

Medications may be given for pain or infection. If given pain medication, I should not drive an automobile nor operate equipment that may be hazardous to myself or others. If I am a female who is taking birth control pills, it is possible that I could become pregnant while taking an antibiotic.

**After completion of the root canal therapy, it is my responsibility to see my restorative dentist for final restoration of the involved tooth, which is to protect my tooth from decaying or fracturing. Failure to see my restorative dentist after completing my treatment may result in the failure of the root canal and/ or loss of the tooth.**

### Consent for Treatment

I have read the above and understand that no treatment is without some measure of risk; and the risks of the proposed treatment have been explained to me. I prefer to undergo the ENDODONTIC (root canal) procedure in order to attempt to postpone the loss of my tooth. I hereby authorize the doctors and their assistants to perform the necessary endodontic procedures which have been described to me. I further request and authorize them to do whatever they deem necessary as a result of unforeseen circumstances. It has been explained to me and I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted. I have been given the opportunity to question the doctor concerning the nature of treatment, the inherent risks of treatment, and the alternatives to this treatment.

Signed \_\_\_\_\_ Witness \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_