CONSENT FORM · RESTORATIVE

Consent for Root Canal Treatment

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME	DATE OF BIRTH	PATIENT NUMBER

TOOTH, TEETH OR AREA	TREATING CLINICIAN	DATE

SECTION 1

About your treatment

Root canal treatment removes infected or inflamed tissue from inside a tooth, cleans the canals and seals them, so the tooth can often be kept rather than taken out.

Inside each tooth is a soft tissue called the pulp, which contains nerves and blood vessels. Deep decay, cracks, injury or repeated dental work can cause it to become inflamed or infected. Root canal treatment removes this tissue, cleans and disinfects the canals inside the roots, and fills them to seal the tooth.

We work under a rubber dam, a thin sheet that keeps the tooth clean and dry, and we use magnification to see the fine canals clearly. Treatment usually takes one or two visits. Back teeth usually need a crown or onlay afterwards to protect them. If a tooth is complex, we may suggest referral to an endodontist, a dentist with further training in root canal treatment.

What happens

STEP	WHAT IT INVOLVES
1. Assessment and X-rays	We examine the tooth, test the nerve and take X-rays to look at the roots and any infection. We discuss whether the tooth can be saved and your options.
2. Numbing and rubber dam	We numb the tooth with local anaesthetic and place a rubber dam to keep it clean and dry and to protect your airway.
3. Cleaning the canals	Using magnification, we make a small opening, find the canals and clean and shape them with fine instruments and disinfecting solutions.
4. Dressing between visits	If a second visit is needed, we place a medicine inside the tooth and a temporary filling.
5. Filling the canals	Once the canals are clean, we fill and seal them with a rubbery material called gutta percha and a sealer.
6. Protecting the tooth	We place a filling, and for most back teeth we recommend a crown or onlay to reduce the risk of the tooth breaking.
7. Review	We check healing at a review appointment and with X-rays, usually around a year later.

SECTION 2

Expected benefits

- You can often keep your own tooth rather than having it taken out.
- It treats the infection and usually relieves toothache.
- Keeping the tooth helps you chew normally and keeps neighbouring teeth in position.
- It avoids the cost and time of replacing a missing tooth with an implant, bridge or denture.
- A root treated tooth with a good crown or filling can last for many years.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Tenderness after treatment	The tooth often feels tender to bite on for a few days. This usually settles with simple painkillers.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Flare up	Occasionally the tooth becomes more painful or swollen between or after visits. This can usually be managed, but you may need an extra visit or, rarely, antibiotics.	Uncommon
Infection not clearing	Root canal treatment does not always succeed. Some teeth need retreatment, a small surgical procedure at the root tip, or removal. Results vary and no outcome is certain.	Uncommon
Tooth fracture	Root treated teeth, especially back teeth, are weaker and can crack or break. A crown or onlay reduces this risk. Some fractures mean the tooth cannot be saved.	Common
Need for a crown	Many back teeth need a crown or onlay after root canal treatment, which is an extra cost and visit.	Common
Instrument separation	A very fine instrument can break inside a curved or narrow canal. Sometimes it can be removed or bypassed; sometimes it is left sealed in place. This may affect the outcome.	Uncommon
Perforation	Rarely, a small hole can be made through the side of the root or the floor of the tooth. Many can be repaired, but it can reduce the chance of success.	Rare
Canals that cannot be found or fully cleaned	Some canals are very narrow, calcified or curved. We may recommend referral to an endodontist.	Uncommon
Damage to existing crowns or fillings	Working through an existing crown can weaken or damage it, and it may need replacing.	Uncommon
Irrigant or medicine reaction	Rarely, cleaning solution can pass beyond the root tip, causing sudden pain and swelling. The rubber dam and careful technique make this rare.	Rare

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No treatment**: infection is likely to continue or spread, causing pain, swelling or an abscess, and the tooth may be lost. We do not usually recommend leaving an infected tooth untreated.
- **Extraction**: removing the tooth, which leaves a gap. You can leave the gap or replace it with an implant, bridge or denture.
- **Referral to an endodontist**: for complex teeth or retreatment, a dentist with further training may improve the chance of success.
- **Monitoring**: in some cases where the nerve is only mildly inflamed or the changes on X-rays are small and you have no symptoms, we may agree to review the tooth.

SECTION 5

Costs

ITEM	GUIDE FEE
Root canal treatment, front tooth	£595
Root canal treatment, premolar	£725
Root canal treatment, molar	£950
Root canal retreatment	Quoted at consultation
Digital radiograph, single	£15
CBCT 3D scan (if needed)	£250
Ceramic inlay or onlay	£795
Ceramic crown	£1,050
Post and core (if needed)	£295

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £	PLAN REFERENCE	ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

Your consent

Please initial each statement you agree with.

I understand that root canal treatment aims to save my tooth but does not always succeed, and the tooth may later need retreatment, surgery or removal.	☐
I understand that a rubber dam and magnification will be used, and that treatment may take more than one visit.	☐
I understand that a fine instrument may break inside the canal, or a perforation may occur, and that this may affect the outcome.	☐
I understand that a root treated back tooth is at risk of fracture and that a crown or onlay is usually recommended, at extra cost.	☐
I understand that the tooth may be tender afterwards and that a flare up with pain or swelling can occur.	☐
I understand that I may be referred to an endodontist if my tooth is complex.	☐
I have been told about the alternatives, including extraction and no treatment, and what they would mean for me.	☐
I have read this form and the information leaflet, or had them read to me, and I understand them.	☐
I have had enough time to consider my options, and my questions have been answered to my satisfaction.	☐
I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 8

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.