



Non-Surgical Endodontic Therapy Informed Consent

I have been informed of what root canal treatment entails and understand that teeth undergoing endodontics may otherwise require extraction. During treatment, certain procedural complications may occur in a small number of cases. These complications include but are not limited to instrument separation, blocked canals, perforations, and damage to existing coronal restorations. Post-operative discomfort or swelling may occur and these may require medication for several days. I understand that Dr Gary Zolty has an emergency contact number outside of normal business hours in case I should need any help or advise following treatment.

I also understand that though root canal treatment has a high degree of success, biological procedures are impossible to guarantee. Some root canal treated teeth may need eventual retreatment, endodontic surgery, or possibly even extraction if the initial treatment is not successful.

I have been informed that the treatment offered is wholly private and not associated with the NHS. I have been informed of the cost for the treatment. If there is any change to the treatment plan, I will be informed of the nature of the change and also the costs incurred. I understand that payment is made on completion of the treatment. Some treatment may entail a course of treatments and I agree to pay a portion of the treatment until the full amount is paid at completion.

I have also been informed that only the root canal treatment will be completed at ProEndo Ltd. A temporary restoration will be placed after the root canal is completed. I understand that I will need to return to my restoring dentist to have a definitive restoration (crown, filling, onlay, etc.) placed in a timely manner (within one month of the root canal treatment's completion, unless instructed otherwise).

Patient name (please print)_____

Tooth number:_____

I acknowledge that the procedure was explained to me and all questions were addressed and answered. With this signature, I consent to the aforementioned endodontic procedure.

Date_____

Signature_____