

Jered B. King, D.M.D.



Donald R Anthony, D.D.S

737 Everhart Rd, Suite E Corpus Christi, TX 78411
Telephone: (361) 992-7871
Fax: (361) 992-6341

INFORMED CONSENT FOR ENDODONTIC RETREATMENT

Endodontic retreatment involves, but is not limited to, the removal and treatment of the affected/infected root canal material. Complications from endodontic retreatment may include transient pain/swelling which may require medication(s). Endodontic retreatment may be the only possible treatment option to save your natural tooth. Other treatment choices may include no treatment or tooth extraction. Risks and infection to other areas. Although Retreatment has a very high degree of clinic success, results cannot be guaranteed. Occasionally, a tooth which has had root canal therapy may require surgery or even extraction. In some cases, access to the root canals requires drilling through crowns or bridges. This may cause damage to the crown/bridge requiring repair or replacement of your crown or bridge. I also understand that only the root canal therapy is to be performed at this office, restoration on my tooth (filling, crown, etc,) will be done by my family dentist. Lack of proper restoration of the tooth may result in damage and/or loss of the tooth. My treatment options have been explained to me as well as the indications and possible complications of endodontic retreatment and I offer my consent for treatment.

Regardless of the outcome once treatment is initiated the full fee has been incurred whether the case is completed or not due to whatever circumstances of the tooth. The Doctor will use his best skill and judgment to try to save the tooth but the outcome cannot be guaranteed. Before treatment is initiated be certain to have the doctor answer any questions you may have.

All signatures must be by a parent or guardian if patient is under the age of 18.

X
Patient Signature

Date

Denies Treatment
Signature

Date

X
Doctor Signature

Date