



Consent for Root Canal Treatment

Having had an examination and/or x-rays and other testing procedures, it has come to my attention that in the opinion of Dr. Chisholm/ Dr. Depledge, my tooth/teeth # _____ requires root canal treatment to restore the tooth/teeth.

The reasons for needing root canal treatment have been explained to me. I understand that in spite of the root canal treatment, the tooth may require further root canal surgery, root canal retreatment, or perhaps extraction at a future date.

I further understand that once root canal treatment is completed, further restorative treatment will be required. This will include a post/core build-up and crown without which the tooth would be very susceptible to fracture.

It has been explained to me that the alternative to root canal treatment is extraction of the tooth.

Having read and considered all of the above, I hereby give my informed consent for root canal treatment by Dr. Chisholm/Dr. Depledge.

Patient Signature: _____ Date: _____

Patient Name: _____