JONATHAN E. MASON, DMD, PC

— General Dentist Providing Oral Surgery Services —

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Informed Consent for Endodontic Treatment

_____ This is my consent for Jonathan E. Mason, DMD, PC to perform the following treatment_____

_____

as previously explained to me, or other procedures deemed necessary or advisable to complete the planned procedure.

_____ I understand that the purpose of the procedure is to retain a tooth that may otherwise require extraction, to correct a failed root canal, or other problems:_____. Although endodontics has a very high degree of success, results cannot be guaranteed. Occasionally, a tooth, which has had endodontics may require re-treatment, surgery, or even extraction.

_____ Dr. Mason has explained to me that there are certain inherent and potential risks in my treatment plan or procedure, and that in this specific instance, such risks include, but are not limited to:

1. Post-operative discomfort and swelling and possible post-treatment infections.
2. Trismus (restricted jaw opening) and/or injury to the temporomandibular joint because of injections, infections, and holding jaw open for prolonged periods./
3. Instrument breakage within canals, perforations (extra openings) while locating canals, and some canals may not be located.
4. Damage to existing fillings, crowns, porcelain veneers, or bridges.
5. Loss of tooth structure in gaining access to canals and possible injury to adjacent teeth and fractured teeth.

_____ Following treatment, the tooth may be brittle and subject to fracture. A restoration, crown, and/or post and core would then be necessary to restore the tooth to function. I understand I may be required to return to my dentist for this restoration.

_____ I consent to the administration of such local anesthesia as deemed necessary by Dr. Mason to accomplish the proposed procedure. Risks of local anesthesia include, but are not limited to: numbness or the tingling of the lip, chin, gums, cheek, teeth, and/or tongue.

_____ Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs. Thus, I have been advised not to operate any vehicle, automobile, or hazardous devices or to work while taking such medications and/or drugs, until fully recovered from their effects.

_____ If any unforeseen condition should arise in the course of treatment, calling for Dr. Mason's judgment or for procedures in addition to or different from those now contemplated, I request and authorize Dr. Mason to do whatever he may deem advisable.

_____ I understand that other treatment choices include no treatment, waiting for more definitive symptoms to develop, or tooth extraction. Risks involved in these choices might include, but are not limited to: pain, infection, swelling, loss of teeth, and infection to other areas.

_____ No assurance or guarantee has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences, there exists a risk of failure, relapse, selective re-treatment, or worsening of my present condition despite the care provided.

_____ I have had an opportunity to discuss with Dr. Mason my past medical and health history, including any serious problems and/or injuries. I understand that Dr. Mason is a general dentist who provides endodontic services.

I certify that I have had an opportunity to read and fully understand the terms and words within this consent form. All blanks or statements requiring insertion or completion were filled in, and inapplicable paragraphs, if any, were stricken before I signed. I also certify that I have had the opportunity to fully discuss the procedure(s) with Dr. Mason. I have had the opportunity to ask any questions, and I have had all of my questions answered.

_____ _____
Date **Time**

_____ _____
Signature of Patient (or other legally responsible person) **Patient Name (PLEASE PRINT)**

_____ _____ _____ _____
Signature of Dr. Mason **Date** **Signature of Witness** **Date**