Microsurgical Endodontics

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SPECIALIST MEMBERS

Consent For Endodontic Surgery

Do NOT sign this form until you have had a chance to speak with the doctor.

Information Regarding Treatment:

Prior to treatment, the doctor will examine the area of concern and make a recommendation of treatment. Usually, there is more than one treatment option available.

The procedure the doctor has recommended for me is: Endodontic Surgery (Apicoectomy)

The overall prognosis (outlook or expectation that the treatment will be successful) is _____

I am aware that once treatment is completed, the doctor will place stitches in the gums and I will need to return to the office to have the stitches removed within several days after the procedure.

In most cases a biopsy will be submitted following the surgery. The biopsy will be submitted to OSU Oral Pathology and will be billed by their office through medical insurance if applicable. There will be a separate fee and possible co-pay for the biopsy that is independent of the surgery fee and our office.

There are certain inherent and potential risks in any treatment or procedure. These risks include, but are not limited to the following:

Pain or sensitivity during or after the procedure; infection; swelling, puffiness and/or bruising of the surgical site or lips and cheeks; bleeding; need for additional treatment (non-surgical or surgical); treatment failure including possible need to have the tooth extracted (removed); numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which is transient but on infrequent occasions may be permanent; changes in occlusion (biting); jaw muscle and joint (TMJ) pain or tenderness; referred pain to ear, neck and head; delayed healing; reactions or complications from injections or the use of anesthetics or medications including allergic reactions, drowsiness, lack of coordination, or nausea or antibiotics which may inhibit (interfere with) the effectiveness of birth control pills; and complications resulting from the use of dental instruments (broken instruments or perforation of the tooth, root, or sinus).

It has been explained to me and I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted.

The questions I have concerning the nature of treatment, the inherent risks of treatment, and the alternatives to this treatment have been answered to my satisfaction.

Patient's signature_____ Date_____

Doctor's initials_____

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