Root Canal Treatment Consent

Informed consent. The dentist fills the treatment details and explains them; the patient or their representative signs.

Clinic and clinician

HOSPITAL OR CLINIC

DENTIST NAME

REGISTRATION NO. (MEDICAL COUNCIL)

PATIENT ID / UHID

Patient

PATIENT FULL NAME

EMAIL

DATE OF BIRTH

GENDER

PHONE

Proposed treatment

TOOTH NUMBER(S)

SITTINGS

ESTIMATED COST (₹)

CROWN ADVISED AFTER RCT?

START DATE

Root canal treatment removes infected or inflamed pulp from inside the tooth, cleans and shapes the canals, and seals them. A root-treated tooth is brittle and usually needs a crown.

Expected benefit: Relief from pain and infection while keeping your natural tooth.

Risks

Every treatment carries some risk. The common and the serious ones for this treatment include:

- Pain or swelling between visits
- A fine instrument may break inside a canal
- The tooth may crack, especially without a crown
- Infection may persist and need re-treatment, surgery or extraction

RISKS SPECIFIC TO THIS PATIENT

Alternatives

- Extraction, with or without replacement by an implant, bridge or denture
- No treatment, with risk of spreading infection

Your health

Are you allergic to local anaesthetic or any antibiotic?

◯ No ◯ Yes

Do you take blood thinners?

◯ No ◯ Yes

ALLERGIES, CURRENT MEDICINES, OR DETAILS OF ANY "YES"

Consent

EXPLAINED TO ME IN

SIGNED BY

REPRESENTATIVE NAME (IF NOT PATIENT)

RELATIONSHIP

- The dentist has explained the treatment, its purpose, risks and alternatives in a language I understand, and answered my questions.
- I understand no result can be guaranteed.
- This consent covers only the treatment described. If an unexpected problem arises during it that puts life or health at immediate risk, the team may do what is needed to deal with it and will explain afterwards.
- I may withdraw this consent at any time before the treatment starts.

☐ I give my consent to the treatment described above.

Patient

SIGNATURE

PRINTED NAME

DATE

Dentist

SIGNATURE

PRINTED NAME

DATE