

**JEFFREY C. BAILEY, DDS, MS**

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**SPECIALISTS IN ENDODONTICS**

**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 involved in treatment choices may include, but are not limited to pain, infection, swelling, loss of teeth, and infection to other areas. Although retreatment has a very high degree of clinical 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.

\_\_\_\_\_ I give my permission for X-ray and photographic images of my teeth to be used as an educational example. I understand that the images will be anonymous and that no patient identifiers (name, age, sex, etc.) will be used.

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

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

Denies Treatment \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Doctor Signature**

\_\_\_\_\_  
**Date**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\*You may refuse to sign this acknowledgement\*\***

I, \_\_\_\_\_, have reviewed a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

FOR OFFICE USE ONLY: We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because

\_\_\_\_\_.