

BEACH ENDODONTICS
SPECIALISTS IN ENDODONTICS

INFORMED CONSENT FOR ENDODONTIC SURGERY

Endodontic surgery involves access to the tooth problem via an incision. This is usually done when it is impractical or impossible to treat your condition through other methods. Other treatment choices may include no treatment or tooth extraction. Risk of no treatment include, but not limited to, pain, swelling, infection, tooth loss and possible infection to other areas. Although endodontic surgery has a very high degree of clinical success, results cannot be guaranteed. While I am aware that the practice of dentistry/medicine is science based, I do understand that all human bodies and clinical situations are different. I acknowledge that no guarantee has been offered as to the outcome that may be obtained. On occasion, a biopsy of tissues may be indicated and is an additional fee not included with the cost of the surgery. Complications from surgery may include pain, swelling, infection requiring medication(s), bleeding, sinus involvement or numbness of the regional tissues.

I have had all options treatments and complications explained to me and have had an opportunity to ask and to have my questions and concerns answered. I fully understand the above statements in this form and consent to endodontic surgery.

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

Patient Name (Printed)

Patient Signature

Date