



**Hume Dental Group**  
1 Katryn Street, Fawkner Vic 3060  
03 93574477  
info@hume.dental  
ABN: 90 109 826 066

## Root Canal Treatment Consent Form

*(Please complete with three patient identifiers: Full Name, Date of Birth, and Contact Number/Address)*

---

**Patient Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Phone/Address:** \_\_\_\_\_

**Treating Dentist: Dr.** \_\_\_\_\_  
**Date:** \_\_\_\_\_

---

## Procedure Details

Root canal treatment (endodontic therapy) is performed to remove infected or damaged nerve tissue from inside the tooth. The canals are cleaned, shaped, disinfected, and filled to prevent reinfection. A crown or permanent restoration may be recommended after treatment to protect the tooth.

---

## Important Information

- Root canal treatment aims to **save a tooth** that would otherwise require extraction.
- Success rates are high, but **no procedure can be guaranteed**.
- The tooth becomes **more brittle** after treatment and may require a **crown** to reduce the risk of fracture.
- Multiple visits may be required depending on complexity, infection, or healing response.

---

## Risks and Possible Complications

I understand that the risks of root canal treatment include, but are not limited to:

- ☐ Pain or discomfort during or after treatment
- ☐ Swelling, infection, or dental abscess requiring additional treatment
- ☐ Root fracture or tooth fracture (especially without a crown)
- ☐ Separation (breakage) of instruments inside the canal
- ☐ Calcified or narrow canals making it difficult to clean the roots
- ☐ Perforation (small opening made accidentally in the root wall)

- ☐ Incomplete cleaning of canals due to tooth anatomy
  - ☐ Discolouration or darkening of the tooth
  - ☐ Possibility of requiring retreatment, surgery, or extraction if the infection returns
  - ☐ Numbness or tingling in the lips, tongue, or chin (rare)
  - ☐ Risk of crown or restoration damage during treatment if tooth is heavily restored
- 

#### **Alternatives Discussed**

- ☐ Extraction of the tooth
  - ☐ Leaving the tooth untreated (not recommended due to infection)
  - ☐ No treatment (with understanding of consequences such as pain, infection, swelling, or spread of infection)
- 

#### **Post-Treatment Requirements**

I understand that:

- A **permanent restoration or crown** is likely needed after root canal treatment.
  - Failing to restore the tooth properly may lead to **fracture or loss of the tooth**.
  - I must return for follow-up appointments as advised.
- 

#### **Patient Consent**

I confirm that:

- The root canal procedure, risks, alternatives, and aftercare have been explained to me.
- I have had the opportunity to ask questions and understand the information provided.
- I understand that success cannot be guaranteed.
- I consent to proceed with root canal treatment on tooth number:

**Tooth Number:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dentist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Hume Dental Group**

1 Katryn Street, Fawkner Vic 3060

03 93574477

[info@hume.dental](mailto:info@hume.dental)

ABN: 90 109 826 066