HappySmile

GABINET STOMATOLOGII I MEDYCYNY ESTETYCZNEJ

CONSENT TO ENDODONTIC TREATMENT

Patient's full name, PESEL number .....

Pursuant to Articles 32–35 of the Act of 5 December 1996 on the Professions of Physician and Dentist (consolidated text: Journal of Laws of 2008, No. 136, item 857, as amended) and Articles 16–18 of the Act of 6 November 2008 on Patient Rights and the Patient Rights Ombudsman (Journal of Laws of 2009, No. 52, item 417, as amended), I hereby consent to endodontic treatment of tooth no. ..... by dentist ..... at the HappySmile Dentistry and Aesthetic Medicine Practice.
I declare that I have provided comprehensive and truthful information regarding my health status, in accordance with the questionnaire constituting Appendix No. 1 to this statement. I undertake to notify the attending dentist of any changes in my health status. I acknowledge that the aforementioned information is confidential. I consent to the creation of radiological records.
I have been informed:
1. that endodontic (root canal) treatment involves removing inflamed or necrotic pulp from the interior of the tooth—specifically the pulp chamber and root canals—and permanently filling that space with a therapeutic material.

2. that due to the complex anatomical structure of teeth and surrounding tissues, endodontic treatment is not always possible or may prove ineffective during the course of the procedures.

3. regarding the risk and possibility of complications, and in particular the fact that:
a) there is an increased risk of complications in cases involving root canals with complex anatomy or atypical paths, obstructed canals, or previously treated teeth;
b) retreatment is always more difficult, and it is not always possible to perform it using only conservative, minimally invasive methods; it also carries a higher risk of complications and failure;
c) the tooth crown may fracture during endodontic treatment; the dentist may need to intentionally remove part of the crown to ensure the treatment is performed correctly; perforation of the root canal or pulp chamber is also possible; there is a risk of an endodontic instrument fracturing inside the root canal (making removal impossible) and of root canal sealer being extruded beyond the root apex, which may cause pain and potentially necessitate the surgical removal of a portion of the tooth;
d) during root canal treatment of a tooth with a prosthetic crown, irreversible damage to the crown may occur, or its intentional removal may be required;
e) transient pain symptoms may occur during or, especially, after endodontic treatment, sometimes requiring the use of painkillers;
f) in some cases, an exacerbation of inflammatory symptoms (spontaneous tooth pain, swelling, serous or purulent discharge, activation of a fistula) may occur during endodontic treatment. This may require the use of anti-inflammatory medication or antibiotic therapy;
g) Endodontic treatment of teeth with periapical lesions carries a higher risk; sometimes, despite treatment, these lesions may not heal properly—which can reduce the chances of retaining the tooth;
h) Even after endodontic treatment, a surgical procedure—such as the resection of the root tip or the entire root—may be necessary, or, in the event of treatment failure, the tooth may need to be extracted;
4. o tym, że po leczeniu endodontycznym konieczna jest jak najszybsza, trwała rekonstrukcja zęba ze względu na wysokie ryzyko złamania osłabionej korony zęba. Przy niewielkim stopniu uszkodzenia korony zęba wystarcza odbudowa zachowawcza za pomocą wypełnienia. Jeśli ząb jest mocno zniszczony, konieczna jest odbudowa protetyczna najczęściej za pomocą wkładu koronowego (INLAY) lub wkładu koronowo-korzeniowego i korony protetycznej. Tylko szczelna i trwała odbudowa przeciwdziała wtórnej infekcji oraz mechanicznym urazom leczonego zęba;

5. that several X-rays will need to be taken during the course of endodontic treatment;

6. that upon completion of treatment, the patient is required to attend follow-up appointments—bringing an X-ray—at the intervals recommended by the dentist;

7. regarding the treatment costs, which I accept.

I have read and understood the above terms, and I have received all necessary explanations regarding the treatment in my case. I have been informed of alternative treatment options, including the option of foregoing treatment. I have been informed of the risks associated with other treatment methods and the consequences of foregoing treatment. I understand that, as with all medical procedures, a successful treatment outcome cannot be guaranteed. Furthermore, endodontic treatment is undertaken to address a specific problem and may not eliminate other underlying issues. Endodontic treatment does not provide immunity against tooth decay, tooth fracture, or periodontal disease. In exceptional cases, the treated tooth may require retreatment, endodontic surgery, or extraction.
I am aware that I may withdraw my consent for treatment.

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date, signature, and stamp of the dentist

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legible signature of the patient (Parent or guardian)