

**INFORMED CONSENT
ROOT CANAL**

Tampico, Tamps, Date: ____/____/____

You have the right to know the procedure to which you will be subjected and the most frequent complications that occur. This document attempts to explain all these questions, read it carefully and consult all the doubts that are pose. We remind you that, by legal imperative, you or your legal representative, the informed consent so that you can carry out the procedure described below, without the signature of this document, you will not be able to undergo any procedure.

Having read the above, on purpose, I declare to have been informed and to have understood fully the convenience and objective of the procedure of the Treatment of Canal, process by which the infected nerve (dental pulp) is removed, damaged or dead tooth, as an alternative to the extraction of said element, It has been explained to me that during the treatment that it can last from 2 to several appointments the dentist will place a temporary filling to protect my tooth. This will keep food particles and liquids out of the site and prevent them from develop another cavity. During this time, I must be careful when chewing because the temporary healing could loosen and come off.

I am aware and have been informed of the consequences of not carrying out such treatment, as well as the complications that may be associated with the root canal treatment, which include (but are not limited to) following:

- Postoperative discomfort that can last from a few hours to several days and for which medication will be administered if necessary.

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- Postoperative swelling of the gingival area in the vicinity of the treated tooth or facial swelling, which may persist for several days.
- Infection, for which medication will be indicated.
- Trismus, (limitation of the opening of the mouth), which usually lasts a few days, but may persist for a longer period.
- Treatment failure. If treatment fails, a new treatment, a surgical intervention of the root end (apectomy), removal of the affected root (radectomy) or extraction of the treated tooth
- Breakage of endodontic instruments inside the canal during treatment, I give my consent for the professional to act in the most known, leave the remains in the treated canal or carry out an intervention surgery in order to extract them, for the exclusive interest of my health.
- Drilling of the root canal with instruments, which may require additional corrective surgical treatment or result in the loss or premature extraction of the tooth.
- Premature tooth loss as a consequence of periodontal disease progressive in the surrounding area.
- The tooth after endodontically treated is more exposed to possible fractures so it must be adequately restored between 8 to 15 days of after the endodontic intervention, although this does not guarantee or prevent the fractures.

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Indications:

Indicated Medication:

All my doubts have been clarified and I completely agree with what consigned in this form of consent. Yes at the time of intervention a different and more serious anatomopathological situation arises than expected, I give my consent to act in the best known way, according to science and conscience regarding what was programmed, for the exclusive interest of my health.

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I also consent to the administration of local anesthesia
will apply for the performance of said treatment and I promise to
return to the next consultation day ____/____/____Time:_____.

I _____free in my
decision, without pressure Under any coercion, I voluntarily GIVE my
consent to the realization of the endodontic treatment:

proposed by. the doctor..... who has explained the content and
scope of this informed consent and of the acts and/or procedures to
which I voluntarily submit.

Name and signature of the patient.

C.D. Dominga Cortez Garcia

Witness

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