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### **Endodontic Consent**

Endodontic treatment is the specialty of dentistry concerned with the treatment of infected teeth and the resulting jaw infections. Degeneration and infection of a tooth's nerve is a result of injuries to the tooth in the form of *decay, stress, fracture, periodontal disease, etc.* These forms of injury are often additive and chronic, resulting in a gradual loss of the tooth's vitality. Endodontic (Root Canal) treatment is more convenient and maintains the youth, appearance, and function of the mouth better than extraction and replacement of the involved tooth. Endodontic success rate is about 95%. Some teeth do not respond to treatment for various reasons, the main one being that the body has to heal the tooth. Endodontic treatment can involve a series of appointments or one appointment consisting of the following:

- \* Opening, cleansing, and medication of the tooth.
- \* Enlarging and shaping of the root canals and the elimination of infection from the tooth and jaw bone.
- \* Final filling and sealing of the root canals in order to prevent re-infection.
- \* Final restoration, usually consists of a filling or a crown.

I have read and discussed the risks and possible complications which may occur in connection with this procedure and I believe I have been given and understand sufficient information to give my consent to the above mentioned treatment.

Patient  
Name: \_\_\_\_\_

Patient/Guardian  
Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_