9600 Blackwell Road, Suite 101
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CONSENT FOR PULPOTOMY

A **PULPOTOMY** is an interim treatment done with the intention of temporarily preserving a vital tooth without removing all of the pulpal or nerve tissue. During a **PULPOTOMY** tissue is generally removed from the pulp chamber but tissue contained in the root canals of a tooth remains. Complete removal of tissue from within the tooth is termed a **PULPECTOMY**.

I UNDERSTAND that a **PULPOTOMY** is performed as a temporary measure in all but the most unusual cases in the attempt to preserve the tooth for an undetermined period of time depending upon the circumstances for which the temporary preservation is required and that this treatment may include possible inherent risks such as but not limited to the following:

1. **Root canal treatment:** Even though it is anticipated that this treatment may extend the time in which a tooth will remain vital until further necessary procedures may be successfully performed at a more appropriate time, it may be necessary to perform complete root canal treatment (pulpectomy) at any time if conditions should so dictate. Care should be taken not to delay completion of the root canal process. Referral to an endodontic specialist may be necessary as determined by the attending dentist.

2. **Numbness:** There is the possibility of injury to the nerves of the face or tissues of the oral cavity during the administration of anesthetics or during the treatment procedures which may cause a numbness of the lips, tongue, tissues of the mouth, and/or facial tissue. This numbness is usually temporary, but may be permanent.

3. **Fracture:** Inasmuch as the crown portion of the tooth may have been weakened due to the extensive nature of the procedure and/or that the tooth injury or disease which necessitated this procedure, the tooth may be more susceptible to fracture or breakage.

4. **Temporary crown:** Should the tooth structure which is remaining appear to be excessively fragile, it may be necessary to place a temporary crown on the tooth in order to preserve it.

5. **Extraction:** Should the tooth not heal or fracture extensively, extraction of the tooth may be necessary.

6. **Pain:** In most cases, once the pulpotomy has been performed and the initial pain has subsided, the tooth is no longer painful. However, in some cases, severe pain or extreme sensitivity will persist If so, it is the patient's responsibility to notify the dentist immediately.

I acknowledge that it is my responsibility to seek attention should any undue problems occur after treatment. I shall diligently follow any preoperative and postoperative instructions given to me.

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INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of having a pulpotomy procedure performed and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. and/or any associates to render that treatment necessary or advisable to my dental conditions, including the administration and/or prescribing of any and all anesthetics and/or medications.

_____

Patient's name (please print)

_____

Signature of patient, legal guardian or authorized representative

_____

Date