**Informed Consent for Surgical Endodontics**

This is my consent to authorize Dr. Michael Joseph or Dr. Meghan Clark to perform endodontic surgery on Tooth/teeth #(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I further give my consent to take any x-rays; CBCT scans, administer medication, anesthetics, and services or procedures that he deems necessary or advisable alongside the planned endodontic treatment. I understand the risks include but are not limited to: complications resulting from the use of dental instruments, drugs, medicines, analgesics (pain killers), anesthetics, and injections. I further understand that prescribed medications and drugs may cause drowsiness and lack of awareness and coordination, which may be exaggerated by the use of alcohol, tranquilizers, sedatives or other drugs. It is not advisable to operate any vehicle or hazardous device until recovered from their effects. The use of antibiotic (penicillin, etc) drugs may make birth control drugs ineffective.

Certain inherent and potential risks in any procedure exist, and in this specific instance such risks include, but are not limited to:

* Swelling, Skin discoloration and pain requiring the use of medication can occur with any surgery and vary from patient to patient and from one procedure to the other.
* During surgery your mouth will remain open for an extended period of time. Afterwards, you may experience pain and discomfort in your jaw joint. Trismus is limited opening of the jaw due to inflammation and/or swelling.
* Infection is possible with any surgical procedure and may require further surgery and/ or medications if it does occur.
* Slight bleeding is usual for most surgeries and can be controlled. Significant bleeding can occur during or after a surgery, but is not common.
* Local Anesthesia: certain risks, although rare, could include pain, swelling, bruising, nerve damage, and unexpected allergic reactions.
* Numbness, tingling or burning sensation in the lip, chin and/or tongue. This can occur from pressure or damage to a nerve which passes below the roots of the lower teeth. This is usually temporary, but it may remain for weeks or months. It is rarely permanent.
* Sinus opening which might require additional surgery and/or medications because of entry into the sinus during treatment of upper posterior root tips which lie next to the maxillary sinus.
* Gingival tissue in the surgical area may shrink, scar or recede following surgery resulting in cosmetic compromise of a permanent nature.
* Any complications may reduce the prognosis (success) of saving the tooth.

Other treatment choices include no treatment, waiting for more definitive symptoms to develop or tooth extraction. Risks involved in these choices include, but are not limited to pain, swelling, loss of the tooth, infection and spread of infection to other areas.

Endodontic surgery enjoys a high degree of success, but because it is a biological procedure, success cannot be guaranteed or warranted. The nature of endodontic surgery has been explained to me. I have had the opportunity to have my questions answered to my satisfaction in words that I understand by the doctor concerning the nature of the treatment.

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Patient Name (Please print) Date

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Patient Signature (guardian, if pt. is a minor) Doctor’s Signature

1692 Massachusetts Ave, Cambridge, Ma 02138

P: 617-492-3616 \* F: 617-492-8415