

Westerville

ENDODONTICS

*Meticulous endodontic care
from gentle, experienced hands*

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CONSENT FOR ENDODONTIC TREATMENT

1. I hereby authorize Dr. Vicki Houck or Dr. Saadia Bukhari along with any assistant selected to perform endodontic treatment.
2. The procedure necessary to treat the condition has been explained to me, and I understand the nature of the procedure.
3. I have been informed of the possible alternative methods of treatment including no treatment at all.
4. Dr. Houck or Dr. Bukhari has explained that there are certain inherent and potential risks in any treatment plan or procedure. I understand that the following may be inherent or potential risks for the treatment I will receive:

- Swelling
- Sensitivity
- Bleeding
- Pain
- Infection
- Numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth, which is transient but on infrequent occasions may be permanent
- Reactions to the injections
- Changes in occlusion (biting)
- Jaw muscle cramps and spasm
- Temporomandibular joint difficulty
- Referred pain to ear, neck and head
- Loosening of teeth, crowns or bridges
- Complications resulting from the use of medications, anesthetics and injections
- Dental instruments (broken instruments, or perforation of the tooth, root, sinus)
- Delayed healing
- Discoloration of the face
- Treatment failure
- Reactions to medications causing drowsiness and lack of coordination
- Need for antibiotics that may inhibit the effectiveness of birth control pills.

5. It has been explained to me and I understand that a perfect result is not guaranteed or warranted and cannot be guaranteed or warranted.
6. I have been given the opportunity to question the doctor concerning the nature of treatment, the inherent risks of the treatment, and possible alternatives to this treatment.
7. This consent form does not encompass the entire discussion I had with the doctor regarding the proposed treatment.

Patient's signature _____ Date/Time _____

Doctor's signature _____ Date/Time _____

Witness's signature _____ Date/Time _____

