

Informed consent for pulpotomy (permanent teeth)

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 the 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 inherent risks including 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) if conditions should so dictate. Care should be taken not to unduly 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 tissues. This numbness is usually temporary but can be permanent.

3. **Fracture**

The crown portion of the tooth may be weakened because of the nature of the procedure and/or the tooth injury or disease that necessitated this procedure. As a result, the tooth may be more susceptible to fracture or breakage.

4. **Temporary crown**

Should the remaining tooth structure appear to be excessively fragile, it may be necessary to place a temporary crown on the tooth to preserve it.

5. **Extraction**

If the tooth does not heal, it fractures extensively or it is unacceptable for the performance of a complete root canal treatment, extraction of the tooth may be necessary.

6. **Pain**

In most cases, once the pulpectomy 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 immediate attention should any undue problems occur after treatment. I shall diligently follow all preoperative and postoperative instructions given to me.

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 voluntarily undergo this treatment in hopes of obtaining the desired results, which may or may not be achieved. I specifically acknowledge that no guarantees or promises have been made to me concerning my recovery or the results of the treatment provided to me. I acknowledge and accept any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment. The fee(s) for this service have been explained to me and are acceptable. By signing this form, I freely give my consent to allow and authorize Dr. _____ and/or his/her associates to render that treatment necessary or advisable with respect to my dental conditions, including the administration and/or prescribing of any and all anesthetics and/or medications.

_____ Date _____
Patient signature

Printed name

_____ Date _____
Witness signature