

Written informed consent

Root Canal Treatment/Therapy

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for Root Canal Treatment/Therapy in relation to the tooth numbered ----- and I have been explained about the procedure in detail including injection of local anaesthesia, drilling of a small hole (access cavity) in the tooth to clear the infection and placement of a crown later.

If not treated pain and swelling can increase because of the infection of the tooth and sometimes can be threat to life as well. An alternative option of extraction of the tooth has been explained.

Post-operative sequel like pain and swelling for few days have been explained.

I hereby agree to undergo the root canal treatment and agree to follow-up with the doctor as per his/her advice.

Date: signature of the patient:

Time: signature of the patient attendant:

Signature of the Doctor with seal: