

Written informed consent

Pulpotomy/ Pulpectomy Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the deep decay in the tooth numbered -----and the need for partial removal of the nerve of the tooth (pulpotomy) or complete removal of the nerve of the tooth (pulpectomy).

I have been explained about the procedure in detail including injection of the local anaesthesia, drilling of the tooth to remove the decay, partial removal or complete removal of the nerve of the tooth and filling of the tooth.

Post-operative sequels like pain and sensitivity for few days have been explained. If not treated, chances of the tooth infection are also explained.

I hereby agree to undergo the procedure 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: