

Written informed consent

Apexification consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for apexification (placement of tooth filling medicine for formation of seal in the root end) 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 filling.

If not treated, chances of developing pain and swelling are explained . 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: