

Written informed consent

Root Canal Treatment/Therapy (Intensional)

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for Intentional 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 and placement of a crown later.

If not treated, chance of developing pain and swelling in the same region later. An alternative treatment options, 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: