

Written informed consent

Root Canal Treatment/Therapy (Re-Do)

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for Re-doing of 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, removal of the crown if present, drilling of a small hole (access cavity) in the tooth and placement/replacement of a crown later.

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