Michael A. Seare **BDS,MSc,LDSRCS(Eng)** **Alan Knight** **BDS,MFDS,MClinDent,MRD RCS (Edin)** **Tel: 01903 247733**	**70 Grand Avenue** **Worthing** **West Sussex** **BN11 5AD**

The Endodontic Practice

INFORMATION/CONSENT SHEET PLEASE PRINT SIGN & DATE AS REQUESTED BELOW

You have been referred here by your dentist for endodontic treatment (root canal treatment).

You will also find in the correspondence with this sheet, a detailed quote for the private root canal treatment that will be carried out, a brochure explaining what endodontic treatment is and why you have been referred to the practice and a sheet with directions on how to get to the practice.

No NHS dentistry/endodontic treatment is carried out at the Endodontic Practice, 70 Grand Avenue, Worthing.

The practice is limited to endodontic treatment, which means that we only carry out root canal treatment for you.

After endodontic treatment is completed, you will need to return to your dentist for a filling or crown. A temporary filling will be placed by the endodontist at time of treatment.

If you already have a crown or porcelain restoration (filling) on the tooth that needs treatment, the crown/filling may have to be replaced at a later stage by your dentist.

If you have a filling present in the tooth to be treated, your dentist may recommend a crown after the root treatment has been carried out to protect the tooth long term.

After treatment, a report is sent to your dentist with a copy of the digital radiographs so your records at your dentist will be updated to include the treatment carried out at the Endodontic Practice.

Finally, as with any medical or dental procedure, nothing is ever completely guaranteed, if your tooth is compromised or the long term success is questionable, this will be discussed with you by the endodontist, prior to treatment being started, so you can make a considered opinion to go ahead with the root canal treatment.

You will be asked if you have read this sheet and this will be recorded in your clinical notes/records prior to treatment being carried out to confirm you have understood the above and consent to treatment.

Michael Seare BDS, M.Sc, LDSRCS Alan Knight BDS MFDS.RCS

Name (Printed):

Signed by Patient: **Date:**