

MID-COUNTY ENDODONTIC GROUP, P.A.

60 W. Ridgewood Ave., Ridgewood, NJ 07450/ 201.652.3311

250 Kinderkamack Road, Westwood, NJ 07675/ 201.666.4546

I authorize the Drs. of Mid-County Endodontic Group and their team to diagnose and treat _____. I understand that only emergency therapy for the relief of pain can be undertaken prior to an explanation of root canal therapy. If alternative therapies are applicable they will be explained as well the consequences of no treatment. I will verbally consent to therapy or be discharged from the treating Doctors care. If endodontic therapy is undertaken, I understand that there maybe post-operative discomfort and or other complications including swelling and infection requiring antibiotic therapy. I further understand that multiple factors contribute to the success or failure of root canal therapy. Some complicating factors cannot be determined in advance, thus preventing endodontics from being completed or (if completed) preventing total healing. Some of those factors that can prevent healing after root canal therapy are the patients' ability to heal, root canal anatomy, failure to keep assigned appointments and failure to have the completed root canal tooth restored adequately. It is my responsibility to contact my family dentist soon after the root canal therapy to have a crown or other protective restoration placed on the tooth. You are advised to return to our office in one year for a check up. We will send you a reminder and there is no additional charge for this visit. We welcome additional questions or clarification of the recommended treatment.

All fees are to be paid upon completion of treatment, unless other arrangements have been made. We honor Visa, Mastercard, American Express, Discover, check or cash payment.

Date: _____ Patient Signature: _____

Witness Signature: _____

Doctor's Signature: _____

Authorization must be signed by the patient or by the nearest relative, in case of a minor or when the patient is physically or mentally incompetent.