



CENTRO DE ODONTOLOGÍA -> my-dentist-mallorca.com

Dr. Víctor J. Hernández Darías - Odontólogo* Dentist

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Personal data

Name:

NIE/NIF/ID number:

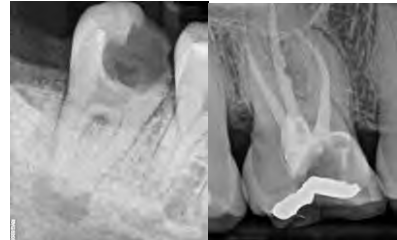
Endodontics/root canal treatment

Local anaesthetic

If you have been diagnosed with a large caries or already have inflammation at the root tip and would like to preserve your tooth, Dr. Víctor J. Hernández Darías will perform a root canal treatment. The success rate for this procedure varies from person to person and is discussed in detail.

The treatment takes place over one to four sessions and each treatment takes between 30 minutes and one hour. Up to four X-rays are taken to take measurements and to assess the final result.

We always prepare and clean the root canals mechanically using special files. The rinses are carried out with a mild disinfectant solution so that the root canal is optimally prepared for the ensuing root filling with gutta-percha.



Consent to the dental procedure

I have been informed that the above-mentioned measure is to be carried out on me.

I was adequately informed about the nature, purpose and course of the intervention, as well as about its main advantages and disadvantages and risks, also in comparison to other methods of examination, treatment, surgery and refraining from the intervention.

I am aware that under certain circumstances the intervention may have to be supplemented and an extension or modification of the planned measures may only prove necessary intraoperatively. I have been made aware of possible physical, psychological and professional complications in the period following the procedure. I was also made aware of the following **possible complications**:

- Swelling, secondary bleeding and pain
- Numbness
- Aspiration of objects
- Fracture of instruments, remaining in the tooth
- Injury/loss of adjacent teeth
- Opening/inflammation of the maxillary sinus
- Failure



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Any particular problems I had were discussed in detail, specifically:

My questions were answered in detail. I do not wish to be given any further details, or I was provided with all the details I wished.

I am aware that I can revoke this consent.

I agree with the intended measure and method, as well as with any necessary further work and changes. I have been informed that photographic documentation of my operation/intervention may be made and I consent to this. I affirm that I have named all ailments and complaints known to me in my medical history.

I was informed of the necessary pre- and post-treatment measures.

I understand that I must cancel an appointment at least 24 hours in advance if I am unable to keep it. I am aware that I will have to pay a cancellation fee of 50 € in the event of an unexcused absence or a late cancellation.

Signature of the patient