



Department: Dental Policy Number: HHS-5103D

Policy: Endodontics/Root Canal Therapy

Date: October 1995 Revised: July 2007, 12/12, 6/13

Approved by:  Date: 9/26/13

**Policy Statement:**

The Ne-Ia-Shing Dental Clinic will provide endodontic services for all patients based on the degree of difficulty and availability of a dental provider.

**Purpose:**

To treat an abscessed or non-vital tooth

**Procedure:**

1. Take the necessary radiographs to diagnose the need for endodontic treatment
2. Inform the patient of all risks, benefits and treatment alternatives.
3. The patient then consents to treatment, and signs consent form.
4. Endodontic treatment is then initiated.
5. The patient is scheduled for the necessary number of appointments to finish the procedure.
6. The patient is given verbal post procedure instructions.