

# **KIRK D BROWN DDS, MS**

VILLAGE ENDODONTICS  
3000 VILLAGE PARKWAY, SUITE 420  
HIGHLAND VILLAGE, TX 75077  
PHONE: 972-317-5300 FAX: 972-317-5311

## ***Following Your Root Canal Treatment:***

We will send a report and x-ray of your treatment to your referring dentist shortly after the root canal therapy.

You may experience mild pain or discomfort after root canal therapy, particularly if your tooth or gums were “tender” before treatment. Pain or discomfort may be attributable to a pre-existing infection or inflammation around the root tips. Pain or discomfort normally resolves in a day or two, but sometime can persist for several weeks. If you have severe pain, swelling, redness, persistent numbness, jaw joint pain, limited ability to open your jaw, or questions concerning your tooth, please contact our office at (972) 317-5300 or Dr’s Cell at (940) 367-3148.

1. You should contact your referring dentist within 14 days of your treatment to make an appointment for a permanent restoration, which will replace to temporary which has been placed in your tooth today.
2. If the Doctor has prescribed medication (such as an antibiotic or pain relievers) for you to take, you should be sure to follow the directions of your dentist completely. You should finish the entire course of your prescription, unless your dentist tells you otherwise.
3. If strong analgesics are prescribed, or you are taking other medications which cause drowsiness, use caution when operating an automobile or machinery. Read and follow the precautionary notes with your medication.
4. Following root canal therapy, you may chew soft foods with your treated tooth, but be careful not to chew anything hard because the treated tooth will remain fragile until permanently restored by your dentist.
5. In addition to the above, Dr. Brown may provide you additional oral instructions or limitations for your treated tooth.

**I have read and understand the post-treatment information provided to me, and agree to follow the post-treatment procedures.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If no contraindications exist – Take 600 Milligrams Ibuprofen/Advil 3 x per day for 3 days