

Post Operative Instructions following Root Canal Therapy:

Tooth #: _____ Standing Orders: _____ Referring Doctor: _____

You should expect some discomfort after treatment as this depends on how fast your body heals and the amount of infection/inflammation that was present prior to the treatment. Initial pain is the best indicator of post-op pain which can last up to 7-10 days. If symptoms do not improve after 72 hours, please call our office for a follow-up appointment.

General Care

- Avoid chewing on your tooth for the next week to decrease risk of fracture or loss of temporary filling.
- Avoid chewing foods and hot temperatures until after tongue sensation has returned.
- Maintain your normal, routine oral hygiene care.

Medication / Pain Management

- Over-the-counter medication recommended for those without allergy or contraindication:
 - Ibuprofen (aka Advil, Motrin) – take three tablets (200mg each) every 6 hours with food. Do not exceed 2400mg per 24 hours.
 - Acetaminophen (aka Aleve, Tylenol) – take one tablet (325mg or 500mg) every 6 hours. Do not exceed 3000mg per 24 hours.
- Prescription medications electronically sent to your pharmacy (_____):
 - NONE prescribed.
 - Antibiotic (As discussed, an over-the-counter probiotic is also recommended.):
 - Amoxicillin _____mg Clindamycin _____mg Augmentin _____mg Z-pack
 - FEMALE Patients: The use of antibiotics and other medications may interfere with the effectiveness of oral contraceptives. An additional form of birth control should be utilized for one complete cycle of birth control pills after the course of antibiotics or other medication is complete.
 - Medrol Dose Pack (steroid) Other: _____

Restoring Your Root Canal Treated Tooth

- Your final restoration plan with your general dentist includes the following:
 - Temporary filling present, consult with your general dentist about final restoration Crown None
- Your general dentist's office plans to contact you after they received our letter detailing the completion of your treatment. If you have not heard from them after one week, please contact their office for scheduling your final restoration appointment. We strongly recommend final restoration placement within one month.

Additional Appointment

- NONE _____ Re-Eval / Follow-Up / Recall _____ Non-Restorable-Refer to Perio/OS _____
- Next Visit: _____

Emergency Contacts

- If minimal swelling and pain persists, please call (757) 806-6311 and leave a message with our after-hours emergency service who will contact the doctor on call.
- Please seek hospital emergency care for the following: (problems breathing, swallowing, swelling that impedes facial function, and allergic reactions, etc.)

Doctor: _____ Assistant: _____ Front Desk: _____