



Neal J. Buffington, D.D.S.
P.O. Box 1120/ 604 1st. Ave W.
Columbia Falls, MT 59912
(406) 892-4296

Patient: _____

Date: _____

I hereby authorize **Neal J Buffington, D.D.S. & Associate(s)** to perform upon me or the named patient the following procedure(s). I understand that there are certain potential risks inherent to this procedure or treatment plan. These include:

Root Canal Treatment

- ü **Success Rate.** Root Canal Treatment's about 95% successful. Many factors affect the success of the treatment: your general health, condition and location of the nerve and the root canal(s), bone support around the tooth, strength of the tooth (fracture lines), etc.
- ü **Completion of Treatment.** Root Canals are sometimes completed in a single appointment or may take several appointments, if the treatment spans several appointments, you will have a temporary filling placed on the tooth to protect the canal. If the filling should come out, please call the office so we can replace it. Once treatment is begun, it is absolutely necessary that the treatment be completed, and the patient must diligently follow any and all instructions.
- ü **Additional Treatment.** Occasionally, root canal treatment alone does not complete the treatment. The canals of the tooth can be very narrow, curved, calcified or the root may be fractured. There may be infection around the roots of the tooth that fails to resolve. Instruments used to treat the tooth may become separated in the canal. The tooth may remain or become sensitive. A surgical procedure or possible extraction may be necessary to resolve the problem.
- ü **Sensitivity.** As with fillings, a root canal tooth can be sensitive both during and after final treatment. Usually this sensitivity disappears within several weeks. If it does not or appears to worsen, please call the office to let us know.
- ü **Crown Needed.** In most cases a crown is recommended for a tooth that has a root canal. This is because root canal teeth no longer have a blood supply to them and become more brittle than you other teeth. This is especially true of your back chewing teeth – the molars and bicuspid. A crown goes over the root canal tooth to strengthen it and protect it from breakage and re-infect.
- ü **Causes of Fracture.** One of the main reasons root canals fail is because of breakage or fracture of the tooth. A fractured tooth (especially a vertical fracture) can require extraction of the tooth. One of the best ways to prevent fracture of a root canal tooth is to have a crown put over the tooth to strengthen it. Other causes of fracture include grinding of teeth, improper bite, trauma, etc. These fractures can occur either before or after the root canal and often are visible and/or hard to detect.
- ü **Proper Care.** Root canal treated teeth have no nerve, but they can still decay. It is important to take care of root canal teeth just as you would any other tooth: diligent home care, proper diet, and regular dental checkups.

I understand the nature and purpose of root canal treatment, and I have had an opportunity to have my questions answered. I understand that complications during treatment can arise and success with root canals cannot be guaranteed. In view of the above information, I authorize the doctor and/or such associates and assistants as necessary to render any treatment necessary and/or advisable to my dental condition including any and all anesthetics and/or medications.

Patient/Guardian: _____

Date: _____

Doctor: _____

Date: _____



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Oral Surgery and Dental Extractions

- Ü **Complications & Inherent Risks.** Complications from dental procedures occur rarely, but it is important to understand the possibilities both with and without treatment. Oral Surgery (including dental extractions) has certain inherent risks. Those risks include but are not limited to:
- Ü **Bleeding.** Usually bleeding subsides in a few minutes to a few hours. However, if it continues beyond that, it should receive immediate attention.
- Ü **Bruising and/or swelling** may occur and can last for a few days or even a few weeks. This is especially true if impacted wisdom teeth are involved and if you bruise easily.
- Ü **Nerve Injury.** This includes nerves in the lips, the tongue, the cheeks, the floor of the mouth, etc. The numbness which could occur may be temporary, lasting just a few days, a few weeks, a few months. In very rare cases could possibly be permanent.
- Ü **Dry Socket (Post-op discomfort).** Occasionally this occurs after a tooth extraction and results from the blood clot not forming properly during the healing time. "Dry Socket" refers to the blood clot being lost from the tooth socket. A dry socket can be painful, and if it occurs should be treated by your dentist.
- Ü **Infection.** Bacteria are always present in the mouth, therefore infections can occur. Infection can result in swelling, redness, pain, fever, malaise, etc. Attention should be received as soon as possible, especially if fever or severe swelling is present.
- Ü **Sinus Involvement.** The roots of the upper teeth are very close to the sinus cavity in some patients. During extractions or other surgical procedures, the sinus can be perforated, and it maybe necessary to surgically repair it.
- Ü **Injury to adjacent teeth or fillings.** No matter how carefully surgical and extraction procedures are performed, adjacent teeth and fillings (especially very large fillings) can sustain injury.
- Ü **Fractured jaw, root fragments.** While rare, it is possible that jaw or bone may be fractured. Additionally, a root fragments may be left if removing it would necessitate further surgery and/or complications. Certain complication may require the patient to see a specialist for evaluation and/or treatment.
- Ü **Reaction to medication.** Reaction to medication, anesthetic, or analgesia may occur. Reaction may also occur in response to any other medications that were administered or prescribed.
- Ü **Bacterial Endocarditis.** In certain individuals the tissues of the heart (for reasons know or unknown, i.e. rheumatic fever, etc.) may be susceptible to a bacterial infection that is transmitted via the blood vessels. Bacterial endocarditis (otherwise know as infection of the heart) is a very serious condition. *If any heart problems are known or suspected, the patient agrees to inform the doctor before any treatment is begun.*

It is the patient's responsibility to seek attention should any problem arise after the treatment. In addition, the patient's responsibility is to diligently follow any and all pre-operative & post-operative instruction.

The nature and purpose of the oral surgery and/or extraction has been explained to me, and I have had an opportunity to have my questions answered. I understand that dentistry is not an exact science and success with oral surgery and/or extractions cannot be guaranteed. I voluntarily assume the risks, including the risk of substantial harm which may be associated with any part of this treatment. In view of the above information, I authorize the doctor and/or such associates and assistants as necessary to render any treatment necessary and/or advisable to my dental condition including any and all anesthetics and/or medications.

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Date: _____

Doctor: _____

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I understand that during the course of dental procedure(s), unforeseen conditions may arise which necessitate procedures different from those originally discussed. I there for consent to additional procedure(s) which the aboved named dentist or associate may consider necessary. I understand my dental condition and have had the opportunity to discussed treatment options and the course of treatment. I have been given a printed copy of the procedure or treatment details and any post-op instructions.

I understand that results cannot be guaranteed and may not be achieved. I am aware of my right to waive treatment of any kind and I am aware of the possible consequences of non-treatment.

I have disclosed my health history information, including allergies, reactions to medicine, diseases, and past procedures. I understand that withholding this information may affect my over all health and the outcome of the procedure(s) or course(s) of treatment.

I have been informed and understand the risks associated with leaving my condition untreated. I am aware that my overall health may be affected by my decision. I will not hold the dentist, dental staff or anyone associated with the dental practice responsible for changes in my overall health stemming from this condition.

I have had the chance to ask questions and express concerns about my dental condition and the treatment options. The above named dentist has answered all my questions and addressed all my concerns. I understand the full scope of the situation and am making an informed decision.

Signature of Patient or Parent if minor

Date

Dentist Certification:

I hereby certify that I have explained the nature, purpose, benefits, risks of and alternatives (including no treatment and attendant risks) to the proposed procedure(s). I have offered answers to any questions and have fully answered all such questions. I believe that the patient/parent/guardian fully understands what I have explained and answered.

Dentist Signature: _____



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I hereby authorize **Neal J Buffington, D.D.S. & Associate(s)** to perform upon me or the named patient the following procedure(s). The doctor/hygienist has explained to me that there are certain potential risks in this treatment plan or procedure.

Periodontal Scaling and Root Planing

- Ü **Success.** Many factors influence the success of periodontal treatment: your general health, condition of the teeth and root support, bone support around the teeth, gum tissue, etc. While we can exert the utmost care and diligence, and the patient can follow all instructions, there are no guarantees that treatment will be successful.
- Ü **Completion of Treatment.** Periodontal treatments are usually completed in several appointments. Once treatment is begun, it is absolutely necessary that the treatment be completed and the patient must diligently follow any and all instructions. **Diligent home care is mandatory.** Without it the likelihood of unsatisfactory result increases greatly.
- Ü **Periodontal Maintenance.** Following periodontal treatment, periodontal maintenance recalls are mandatory. Periodontal maintenances are set every 3 – 4 months depending upon the degree of periodontal disease, homecare and the rate of bacterial build up in the patient's mouth. Without frequent recalls, set by the doctor or hygienist, success will be unachievable.
- Ü **Discomfort.** Sensitivity and some discomfort is common after periodontal treatment. Usually this discomfort will diminish over several days. Instructions and medications will be given to control any pain or soreness. If it does not, or appears to worsen, please call the office to let us know.

Following any periodontal surgery, it is possible and sometimes likely for the following to occur:

- Ü **Bleeding.** Usually bleeding subsides in a few minutes to a few hours. However, if it continues beyond that, it should receive immediate attention.
- Ü **Bruising/Swelling.** Bruising and/or swelling may occur and can last a few days or even a few weeks.
- Ü **Nerve Injury.** While rare, nerve injury can occur. This includes nerves in the lips, the tongue, the cheeks, the floor of the mouth, etc. The numbness which could occur may be temporary, lasting just a few days, a few weeks, a few months. It could possibly be permanent.
- Ü **Infection.** The oral cavity is inherently a non-sterile environment, thus infections can occur. Occasionally, infection can result in swelling, fever, malaise, etc. Attention should be received as soon as possible, especially if fever is present.
- Ü **Bacterial Endocarditis.** In certain individuals the tissues of the heart (for reasons know or unknown, i.e. rheumatic fever, etc.) may be susceptible to a bacterial infection that is transmitted via the blood vessels. Bacterial endocarditis (otherwise know as infection of the heart) is a very serious condition. *If any heart problems are known or suspected, the patient agrees to inform the doctor before any treatment is begun.*
- Ü **Reactions to Medication.** Allergic reaction to the medication, anesthetic, or analgesia may occur, although rare.
- Ü **Additional Treatment.** Additional treatment may be necessary. It is the patient's responsibility to seek treatment should any undue problems develop.

The nature and purpose of periodontal treatment have been explained to me, and I have had an opportunity to have my questions answered. I understand that dentistry is not an exact science and success with periodontal treatment cannot be guaranteed. In view of the above information, I authorize the doctor and/or hygienist as necessary to render any treatment necessary and/or advisable to my dental condition including any and all anesthetics and/or medications.

Patient/Guardian: _____ **Date:** _____

Doctor/Hygienist: _____ **Date:** _____