

EASTERN IDAHO ENDODONTICS

Practice Limited to Endodontics

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ENDODONTIC CONSENT & INFORMATION FORM

Endodontic Root Canal Therapy, Anesthetics & Medications

We would like our patients to be informed about the various procedures involved in endodontic therapy & have their consent before starting treatment. Endodontic (root canal) therapy is performed in order to save a tooth which otherwise might need to be removed. This is accomplished by conservative root canal therapy, or when needed, endodontic surgery. The following discusses possible risks that may occur from endodontic treatment even though this treatment is considered the treatment of choice.

RISKS: Included (but not limited to) are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections. These complications include: swelling; sensitivity; bleeding; pain; infection; numbness & tingling sensation in the lip, tongue, chin, gums, cheeks, & teeth which is transient but on infrequent occasions may be permanent; reaction to injection; changes in occlusion (bite); jaw muscle cramps & spasms; temporomandibular (jaw) joint difficulty; loosening of teeth; referred pain to ear, neck & head; nausea; vomiting; allergic reactions; delayed healing; sinus perforations; and treatment failure.

RISKS MORE SPECIFIC TO ENDODONTIC THERAPY: The risks include the possibility of instruments broken within the root canals; perforations (openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns, or porcelain veneers; loss of tooth structure in gaining access to canals; and cracked teeth. During treatment, complications may be discovered which make treatment impossible, or which may require dental surgery. These complications may include: blocked canals due to filling or prior treatment, natural calcifications; broken instruments, curved roots, periodontal (gum) disease, splits or fractures of the tooth.

MEDICATIONS: Prescribed medications & drugs may cause drowsiness & lack of awareness & coordination (which may be influenced by the use of alcohol, tranquilizers, or other drugs). It is not advisable to operate any vehicle or hazardous device until recovered for their effects.

OTHER TREATMENT CHOICES: These include no treatment, waiting for more definitive development of symptoms, & tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, & infection to other areas.

CONSENT: I, the undersigned, being the patient (or parent/guardian of the minor patient) consent to the performing of procedures decided upon to be necessary or advisable in the opinion of the treating doctor. I also understand that upon completion of root canal therapy in this office I shall return to my general family dentist for a permanent restoration of the tooth involved, such as a crown, cap, inlay or permanent filling.

I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally a tooth which has had root canal therapy may require retreatment, surgery or even extraction. I understand that if complications should arise I should contact the treating doctor from this office or my referring dentist.

PATIENT PRINT

DATE

PATIENT (PARENT) SIGNATURE

WITNESSED BY

I authorize Eastern Idaho Endodontics to share my PHI (personal health information) with:

Name: _____ Relationship to patient: _____

Patient Signature _____