



TRUDENT CLINICS ANESTHESIA

INFORMED TREATMENT CONSENT

LOCAL ANESTHESIA

THIS CONSENT FORM IS DESIGNED TO MAKE YOU AWARE OF THE RISKS INVOLVED WITH LOCAL ANESTHESIA. THE RISKS INCLUDE, BUT ARE NOT LIMITED TO:

- THERE ARE RISKS OF ANESTHESIA THAT MAY AFFECT YOUR BODY, SUCH AS DIZZINESS, NAUSEA, VOMITING, ACCELERATED.
- RESTRICTED MOUTH OPENING DURING RECOVERY, SOMETIMES RELATED TO MUSCLE SORENESS AT THE SITE OF THE INJECTION REQUIRING PHYSICAL THERAPY.
- LOCAL ANESTHESIA MAY CAUSE PROLONGED NUMBNESS THAT IN SOME PATIENTS MAY RESULT IN INJURY FROM BITING OR CHEWING AN AREA SUCH AS (LIP, CHEEK OR TONGUE) THAT HAS RECEIVED THE LOCAL ANESTHESIA.
- INJURY TO NERVES THAT CAN RESULT IN PAIN, NUMBNESS, TINGLING, OR OTHER SENSORY DISTURBANCES TO THE CHIN, LIP, CHEEK, GUMS, OR TONGUE. THIS MAY PERSIST FOR SEVERAL WEEKS, MONTHS, OR RARELY, BE PERMANENT.
- LOCAL ANESTHESIA IS ADMINISTERED WITH A VERY SMALL FINE NEEDLE. IN VERY RARE INSTANCES THESE NEEDLES MAY BREAK OFF AND BE LODGED IN SOFT TISSUE.

PLEASE ASK OUR DENTIST IF YOU HAVE ANY QUESTIONS REGARDING THIS CONSENT FORM. DO NOT INITIAL OR SIGN ANY BLANK IF YOU HAVE NOT HAD YOUR QUESTIONS ANSWERED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT, AND HAVE DISCUSSED ALL QUESTIONS OR CONCERNS THAT I MIGHT HAVE REGARDING LOCAL ANESTHESIA.

PATIENT / PARENT PRINTED NAME

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PATIENT / PARENT SIGNATURE \_\_\_\_\_ DATE

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