

INFORMED CONSENT FOR LOCAL ANESTHESIA

The administration of any medication involves certain risk. These include:

- Nausea and Vomiting
- An allergic or unexpected reaction. If severe, allergic reactions may cause more serious respiratory (lung) or cardiovascular (heart) problems which may require special care

In addition, there may be:

- Pain, swelling, inflammation or infection of the area of the injection
- Discomfort, bruising, prolonged numbness in the jaw
- Injury to nerves or blood vessels in the area
- Cardiovascular or respiratory responses which may lead to heart attack, stroke or death

Fortunately, these complications and side effects are not common. We will try our very best to minimize these risk while performing dental procedures.

I have read and understand the above information and give my consent for local anesthesia.

Patient or Legal Guardian Signature

Date

I certify that I have provided and explained the information set for the above to the patient and answered all questions concerning the procedure to the best of my knowledge and ability.

Doctor Signature

Date

Witness Signature

Date

Witness Name