

Informed Consent for Dental Anesthesia

I hereby give permission for Dr. Richardson, Dr. Kim and her staff to perform the following anesthetic sedation procedure:

Local Anesthetic:

It has been explained to me that there are certain risks to having local anesthetic or “shots” with a needle. They include but are not limited to:

1. Allergic reactions
2. Feeling an “electric shock” in the area of injection
3. Feeling as if my heart is racing
4. Possible death.
5. Numbness in my lip or tongue or chin that can last several weeks or permanent in rare cases.
6. Local anesthetic can cause drooping of the eyelid and side of the face known as Bell’s Palsey effect
7. At the injection site there can be bruising, swelling or a hematoma
8. Muscle soreness can occur on or at the injection site that can last several days or more

Initials here: _____

Nitrous Oxide (relaxing gas)

I understand that the administration of medication and the performance of conscious sedation with nitrous oxide carries certain common hazards, risks, and potential unpleasant side effects which are infrequent, but none the less, may occur. They include but are not limited to the following:

1. Excessive Perspiration: Sweating may occur during the procedure and you may become somewhat flushed during administration of nitrous oxide.
2. Expectoration: Removal of secretions may be difficult but can be controlled by use of suction tip.
3. Behavioral Problems: Some patients will talk excessively. You may become difficult to treat because you are so talkative, or experience vivid dreams associated with physical movement of the body.
4. Shivering: Although not common, shivering can be quite uncomfortable. Shivering usually develops at the end of the sedative procedure when the nitrous oxide has been terminated.
5. Nausea and Vomiting: This is the most frequent of the side effects of nitrous oxide sedation but its frequency is still quite low. It is important to tell the doctor, hygienist, or assistant that you are experiencing some discomfort. The level of nitrous oxide can be adjusted to eliminate this side effect.
6. Driving a Motor Vehicle: You may not feel capable of driving after nitrous oxide. If this occurs, we will keep you until you feel better or have you call a friend or family member to insure your safety.
7. I have been advised of alternative treatment, the benefits /risks which include but are not limited to :

8. Fear and anxiety of the dental experience and/or avoidance of future dental appointments. These fears and anxiety, if not diminished by the use of nitrous oxide sedation, may precipitate other medical problems including fainting, palpitation and other heart-related disorders.

The **benefits** one can expect from nitrous oxide sedation include:
Help with anxiety and pain, gagging and medically compromised individuals.

Initials Here: _____

I hereby certify that I understand this authorization for the above named sedative procedure and associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made in my behalf for a positive outcome from sedation, but no guarantees have been made to the result of the procedure authorized above.

Risks associated with the type of anesthesia I have elected have been explained to me. All my questions have been answered and I permit Dr. Richardson, Dr. Kim and her staff to provide the anesthesia listed above.

Patient's (or Legal Guardian's) Signature

Date

Witness' Signature

Date