



27030 Kuykendahl Rd, Suite 160 Tomball TX 77375

INFORMED CONSENT FOR LOCAL ANESTHETIC

Anesthetizing agents (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They also can be injected near a nerve to act as a nerve block causing numbness to a larger area of the mouth beyond just the site of injection.

Risks include but are not limited to:

I understand, and it has been explained to me, that there are some risks in the administration of local anesthetics. Most risks are related to the position of the nerves under the tissue at the site of the injection which cannot be determined prior to the administration of the anesthetic agent. Although the risks seldom occur, they might include loss of, or disturbed sensation of the tongue and lip on the side of the injection. If this occurs it is often temporary, and normal sensation usually returns in several days. However, in very rare cases the loss of sensation may extend for a longer period and may become permanent. In addition, injecting a foreign substance into the body such as an anesthetic agent, may result in an allergic reaction. Allergic reactions to these agents are rare, but may take place.

Potential benefits: The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

For All Female Patients: Because anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion, every female must inform the provider of anesthesia if she could be or is pregnant. Anesthetics, medications and drugs may affect the behavior of a nursing baby. In either of these situations, the anesthesia and treatment may be postponed unless the patient provides a medical clearance.

- I have been given the opportunity to ask questions about the recommended method of anesthesia and believe that I have sufficient information to give my consent as noted below.
- I hereby give my consent for the use of local anesthetic, as explained above when Dr. Yazan Sadeddin determines it is indicated to provide the treatment.

Signature of Patient/Guardian: _____ **Date:** _____

Name of Patient/Guardian: _____

I attest that I have discussed the risks, benefits, consequences, and alternatives of anesthesia with the above name mentioned and/or their representative and they have had the opportunity to ask questions, and I believe they understand what has been explained and consents or refuses of treatment as noted above.

Dentist Signature: _____

Witness Signature: _____