

FOX DENTAL ASSOCIATES

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General Consent for use of Local Anesthetic

I understand 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.

Complications and side effects are rare; however may include but are not limited to:

- Swelling, bleeding, bruising, or soreness at the injection site.
- Biting of the cheek, lip and/or tongue after treatment resulting in swelling and discomfort.
- Temporary rapid or irregular heartbeat.
- Jaw joint difficulty or pain radiating to head, neck or ear.
- Blurred vision/visual disturbances.
- Nausea.
- Damage to the nerves resulting in temporary or possibly permanent numbness or tingling of lips, chin, tongue or other areas.
- Numbness, usually temporary but can be permanent, outside of the mouth making an eyelid or mouth "droop".
- Allergic and possible life threatening reactions necessitating emergency care.

I further understand that individual reactions to anesthetic cannot be predicted, and that if I experience any unanticipated reactions following the injection(s), I agree to report them to the office as soon as possible.

To decrease your risk of a potentially serious drug reaction, please provide us with the knowledge of any over-the-counter medications you are taking, past drug allergies or adverse reactions as well as all health history information.

I have had all of my questions answered, and have not been offered any guarantees.

Patient Name: _____ **Date** _____

Patient or Guardian Signature: _____

Witness: _____

Depending on the procedure, minor to moderate sensitivity of the teeth or soreness of the gums in the area that was treated is completely normal. If you have any questions or concerns after care, please do not hesitate to call our office.