



CONSENT FOR LOCAL ANESTHETIC

I **understand** that local anesthetic, such as lidocaine, septocaine, carbocaine, or a combination of anesthetics will be administered to the areas receiving treatment. Local anesthetics produce anesthesia (lack of sensation) to prevent pain and discomfort during treatment. Even though care and diligence will be exercised by my treating dentist, there are inherent risks associated with any procedure. I agree to assume those risks, including possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Fainting:** Associated with fear, fainting can occur with or without a rapid pulse and lowered blood pressure.
2. **Rapid Heartbeat:** Due to the epinephrine in most anesthetics, an increase in heartbeat can occur. You may feel shaky and like your "heart is racing" for a few minutes when the medication is first introduced into your body.
3. **Hyperventilation:** Associated with fear, hyperventilation is characterized by light-headedness and tightness in the chest.
4. **Allergic Reactions:** Allergies to local anesthetics are extremely rare. Allergic reactions are characterized by skin lesions, edema/swelling, and redness at the site of the injection within 48 hours. Anaphylactic reactions are extremely rare, but can happen.
5. **Toxicity Reactions:** Dizziness, blurred vision, or tremors and can proceed into drowsiness, convulsions, unconsciousness, or even respiratory or cardiac arrest. Toxicity reactions occur from an overdose or rapid absorption of the anesthetic into the bloodstream. Although we will never use more anesthetic than recommended for your body size, it is important to realize everybody has their own tolerance level. It is the patient's responsibility to advise the doctor if you are more, or less, tolerant of medications in general.
6. **Idiosyncratic Reactions:** Unexplained reactions are exaggerated responses to an average dose of a drug. These reactions present clinically in a wide range of manifestations. Please inform the doctor if you have a history of severe reactions to medical treatment.
7. **Numbness of Additional Areas:** This can occur due to variations in nerve anatomy and can cause anesthesia to the temples, eyelids, cheeks and chin. Often, when the eyelids are anesthetized, the effected eye cannot close and will tear up. These areas will start to feel and react normally once the anesthesia wears off.
8. **A Quick "Shock" Feeling:** Can occur as the anesthetic is administered near the nerve. Often described as a feeling of electrical shock, this is normal and has no long term effects.
9. **Trauma to Lips and Cheeks:** Patient induced trauma to soft tissue occurs when you are numb and cannot feel a bite injury as it occurs. It is recommended that you do not eat when you are numb and minimize talking.

Initials _____

10. **Reoccurrence of Cold Sores:** The insertion of the needle into the soft tissue may “trigger or awaken” the virus for cold sores in individuals who carry the virus. These individuals can have an outbreak occur near the site of injection. Prescription medication can be taken prior to treatment to avoid a new outbreak.

11. **Muscle or jaw pain and soreness:** Swelling, discomfort and/or bruising may be noticed following dental treatment. Pre-existing TMJ (jaw joint) conditions may be aggravated by dental treatment. Clicking, popping, muscle soreness, and difficulty opening (trismus) may be noticed following surgery. If symptoms persist, the patient should contact the office. The patients must notify the doctor of any pre-existing conditions prior to surgery.

12. **Hematoma (Swelling with Bruising):** Can occur when a blood vessel is punctured during the injection. The released blood will pool under the influence of gravity and form a hematoma. Bruising may be visible for up to 2 weeks.

13. **Nerve injury:** Injury to the nerves, although infrequent, can cause numbness (anesthesia), tingling/burning (paresthesia), or altered sensation in the teeth, lip, tongue, chin, and the tissues in the floor of the mouth. This change in sensation may be temporary lasting a few days to a few months, or could possibly be permanent.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of local anesthesia, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. By signing this form, I am freely giving my consent to allow and authorize the doctors at Thrive Dental & Orthodontics to render any treatment necessary or advisable to mine or my dependent's dental conditions.

Patient's Name (please print)

Signature of Patient, Legal Guardian, or Authorized Representative

Date

Witness' Signature

Date