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Discussion and informed consent for Anesthetic

Patient Name: _____

Date: _____

Local Anesthetic: Anesthetizing agents, (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They can also 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.

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

Risks included but are not limited to: It is normal for the numbness to take time to wear off after treatment, usually two to three hours. This can vary depending on the type of medication used. However, in some cases, it can take longer, and in some rare cases, the numbness can be permanent in if the nerve is injured.

Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur.

Alternative Treatments, Not Limited to the Following: If a particular level of anesthesia does not relieve the patient's anxiety or pain, in the dentist's clinical judgment, and if the individual patient can tolerate it, another level of anesthesia may be needed.

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 nursing a baby. In either of these situations, the anesthesia and treatment may be postponed.

For All Patients: I have been given the opportunity to ask questions about the recommended method of anesthesia and believe that I have information to give my consent as noted below.

- I REFUSE TO RECEIVE LOCAL ANESTHETIC
- I GIVE MY CONSENT TO RECEIVE LOCAL ANESTHETIC

I attest that I have discussed the risks, benefits, consequences, and alternatives of anesthesia with (patient or patient's Representative's) and they have had the opportunity to ask questions, and I believe they understand what has been explained and consents or refuses treatment as noted above.

Patient Signature: _____ Date: _____

Dentist Signature: _____ Date: _____

Witness Signature: _____ Date: _____