

I, the undersigned patient, hereby give my consent for the undersigned provider to administer an anesthetic prior to the dental procedure(s) or course(s) of treatment listed below in order to achieve <local or general> anesthesia. I have agreed to the use of the anesthetic(s) listed below to achieve the desired anesthesia affect. However, I understand that the desired state of anesthesia may not be achieved alone and other anesthetic procedures or drugs may be required. I consent to the use of these additional procedures and drugs.

I understand the risks inherent in anesthesia. I have discussed these risks with the dentist and acknowledge that they include, but are not limited to: allergic reaction, infection, bleeding, phlebitis (irritation of vein), nausea, blood clots, loss of limb function, paralysis, stroke, heart attack, brain damage, or death.

I am aware of the fact that I will not be able to drive or operate any dangerous device for at least 24 hours after the procedure. I understand that I must have someone transport me to and from the office and care for me until I am able to care for myself.

I agree to abstain from any food or drink (except clear liquids) for at least 8 hours before the procedure(s) or course(s) of treatment. I understand that my not refraining may result in complications during or postponement of the procedure(s) or course(s) of treatment.

I give permission for the undersigned provider and any of his/her qualified associates to administer the anesthetic.

I have been given the opportunity to ask questions and express concerns I have about the anesthesia. The undersigned provider has answered my questions and addressed my concerns.

I confirm that I understand this form and the information contained therein. I am a native speaker of English or have been offered the services of a qualified translator who has explained the information in my native tongue.