




NORTH BETHESDA

PERIODONTAL GROUP

KHALID CHOUDHARY, DDS, MS  JOAN HOWANITZ, DDS MS  
DIPLOMATES AMERICAN BOARD OF PERIODONTOLOGY

### Consent for Anesthesia

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**LOCAL ANESTHESIA:** (Novacaine, Lidocaine, etc.) is given to block pain pathways in a localized area.

**LOCAL ANESTHESIA WITH NITROUS OXIDE:** Nitrous Oxide (or “Laughing Gas”) helps to decrease uncomfortable sensations and offers some degree of relaxation.

**LOCAL ANESTHESIA WITH ORAL PREMEDICATION:** a pill is taken for relaxation prior to giving local anesthesia. (With this method of anesthesia the patient will need to have a responsible party drive him/her to and from the appointment. The patient will not be able to operate heavy machinery and will need supervision for the next 24 hours following the procedure.)

**LOCAL INTRAVENOUS SEDATION OR GENERAL ANESTHESIA:** alters your awareness of the procedure by producing sedative/amnesic effects or sleep. (With this method of anesthesia the patient will need to have a responsible party drive him/her to and from the dental appointment. The patient will not be able to operate heavy machinery and will need supervision for the next 24 hours following the procedure.)

Whichever technique you choose, the administration of any medication involves certain risks. These include:

- Nausea
- Vomiting
- An allergic or unexpected reaction. If severe, allergic reactions might cause more serious respiratory (lung) or cardiovascular (heart) problems which may require treatment.

In addition, there may be:

- Pain, swelling, inflammation or infection of the area of the injection
- Injury to nerves or blood vessels in the area.
- Disorientation, confusion or prolonged drowsiness after surgery.
- Cardiovascular or respiratory responses which may lead to heart attack, stroke or death.

Fortunately, these complications and side effects are not common. Well-monitored anesthesia is generally very safe, comfortable, and well-tolerated. If you have any questions, **PLEASE ASK.**

I have read and understand the above and give my consent for: *(Please check the procedure that applies.)*

- Local Anesthesia
- Local Anesthesia with Nitrous Oxide/Oxygen Analgesia
- Local Anesthesia with Oral Pre-Medication
- Local Anesthesia with Intravenous Sedation
- General Anesthesia

**CONSENT:** I understand that no guarantee as to results (functional, aesthetic, or otherwise) can be or has been promised. I give my free and voluntary consent for treatment. My signature below signifies that all questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved in the proposed surgery and anesthesia. I certify that I speak, read and write English.

**PLEASE ASK THE DOCTOR OR ANY OF THE STAFF IF YOU HAVE ANY QUESTIONS REGARDING THIS CONSENT.**

Patient (Or Legal Guardian) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_