

*St. Croix Endodontics
25 N Lake St, STE 110
Forest Lake, MN 55025
(651)464-7388*

Local Anesthesia Consent Form

This consent form is designed to make you aware of the risks involved with local anesthesia. These risks include, but are not limited to:

- A. There are risks of anesthesia that may affect your body, such as dizziness, nausea, vomiting, accelerated heart rate, slow heart rate, or additional medical management or hospitalization.*
- B. Restricted mouth opening during recovery, sometimes related to muscle soreness at the site of the injection requiring physical therapy.*
- C. Local anesthesia may cause prolonged numbness that in some patients may result in injury from biting or chewing an area such as (lips, cheek, or tongue) that has received the local anesthesia.*
- D. Injury to nerves that can result in pain, numbness, tingling, or other sensory disturbances to the chin, lip, gum, or tongue. This may persist for several weeks, months, or rarely be permanent.*
- E. Local anesthesia is administered with a very small fine needle. In very rare instances, these needles may break off and be lodged in soft tissue.*

Please ask the dentist if you have any questions regarding this consent form. Do not initial or sign any blanks if you have not yet had your questions completely answered.

I hereby acknowledge that I have read this document, and have discussed all questions or concerns that I might have regarded local anesthesia.

Patient or Guardian Signature

Date

Attending Doctor Signature

Date

Witness Signature

Date