

Esthetique Dentistry

THE ORAL AND DENTAL WELLNESS CENTER

CONSENT TO USE LOCAL ANESTHESIA

We at *Esthetique* usually use local anesthesia while doing dental procedures.

This consent will explain the possible side effects of local anesthesia and ask for your consent to use local anesthesia in any appropriate dental procedure you undergo.

In using local anesthesia, nerves that supply sensation to the mouth, chin, lips, tongue and gum tissue may run near the area of work being done. After the use of local anesthesia, a patient may experience some alteration of normal nerve sensation (itching, burning, or tingling, for example) for a short or indefinite period of time. In some rare instances, the use of local anesthesia may result in a total lack of sensation for a period of time, which could be indefinite.

We would be happy to answer questions concerning the risks discussed and contained in this document.

Please sign below to consent to the use of local anesthesia in regard to dental procedures performed on you by this office.

_____, Witness _____, Patient , _____ Date