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Local Anesthesia Consent Form

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

- A) Risks 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 the lip, tongue or cheek) that has received the local anesthesia.
- D) Local anesthesia is administered with a very fine and small needle. In very rare instances these needles may break off and get lodged in soft tissue.

Please ask the Dentist if you have any questions regarding this consent form. Do not initial or sign any blank if you have not had your questions answered.

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

Patient or Guardian's signature

Date