DICKEY DENTAL
HB DICKEY III, DDS, PA

LOCAL ANESTHESIA INFORMED CONSENT

Patient Name: _____

I, the undersigned, give permission for H.B. Dickey III, DDS and his licensed staff to administer local anesthesia as needed for dental procedures.

I understand that the administration of local anesthesia and its performance is well-established and extremely safe, but carries certain risks, hazards and unpleasant side effects. These are infrequent and some are very rare, but nonetheless they may occur.
They include but are not limited to the following:

1. Nerve damage or paresthesia (prolonged numbness, tingling or pain) which is usually temporary with a low risk of being permanent.
2. A temporary, increased heart rate and/or a flushed feeling.
3. Allergic reaction.
4. Hematoma or swelling near or at the injection site. This could cause a facial bruising appearance while healing.
5. Trismus or difficulty opening jaw for a short time after the injection.
6. Facial paralysis.
7. Soft tissue damage after the dental procedure due to biting of tongue and cheek, or burning tissues with hot food or beverage while still numb.
8. Infection.
9. Sloughing of tissue.
10. Ocular complications.
11. Needle breakage.
12. An electric shock feeling if the nerve is touched.

The benefits one can expect from local anesthesia include pain control during and after a dental procedure.

The risks involved in administration of local anesthesia have been fully explained to me. I give my free and voluntary informed consent. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I am aware that the practice of Dentistry is not an exact science. I acknowledge that every effort will be made on my behalf for a positive outcome from local anesthesia, but that no guarantees have been made to me as the result of this procedure.

_____ _____
Patient/Guardian's Signature Date

_____ _____
Doctor's Signature Witness' Signature