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Local Anesthetic and Nitrous Oxide Consent Form

In the course of your oral care, our office uses a local anesthetic and/or nitrous oxide (happy gas) to provide a comfortable dental experience. With any approach, there are risks associated with them that we wanted to make you fully aware.

Local Anesthetic (Novacaine)

I understand that the administration of local anesthesia and its performance carries certain risks, hazards, and unpleasant side effects which are infrequent, but nonetheless may occur.

They include, but are not limited to, the following:

- A temporary, increased heart rate and/or flushed feeling.
- Nerve damage or paresthesia.
- Allergic reaction.
- Hematoma or swelling near or at the injection site.
- Trismus or difficulty opening jaw for a short time after the injection.
- Needle breakage.
- Soft tissue damage after the dental procedure due to biting of tongue and cheek.
- Sloughing of tissue.

Nitrous Oxide (Happy Gas)

I understand that the administration of nitrous oxide has hazards, risks, and potential side effects.

They include, but are not limited to, the following:

- Excessive perspiration, sweating, and/or feeling 'flush.'
- Excessive talking, laughing, nervousness, anxiousness, disassociation, and/or hallucinations.
- Shivering/chills, tingling, lightheadedness, and/or heavy feeling followed by feeling of floating.
- Nausea and vomiting.
- Impaired speech, mental performance, and motor reflexes.

PATIENT CONSENT:

I consent to the use of a local anesthetic(s) and/or nitrous oxide.

I have given the dentist or dental personnel a full medical history and list of all medications.

I have had an opportunity to ask questions about the above treatment after having read about the above risks.

NAME: _____
(PRINTED)

DATE: _____

SIGNATURE: _____