

YOUR DECISION:

LOCAL ANESTHETIC

A. CONSENT FOR ANESTHESIA

When local anesthesia and/or sedation is used by the practitioner: I consent to the administration of such local anesthetics as may be considered necessary by the practitioner in charge of my care. I understand that the risks of local anesthesia include: local discomfort, swelling, bruising, allergic reactions to medications, and seizures from lidocaine. **B. PATIENT CERTIFICATION:** By signing below I state that I am 18 years of age or older, or otherwise authorized to consent. I have read or have had explained to me the contents of this form. I understand the information on this form and give my consent to what is described above and to what has been explained to me.

B. PATIENT CERTIFICATION: By signing below I state that I am 18 years of age or older, or otherwise authorized to consent. I have read or have had explained to me the contents of this form. I understand the information on this form and give my consent to what is described above and to what has been explained to me.

CLIENT: Name:..... Signature:..... Date:.....

Clinician:
I confirm I have summarised the relevant consent information verbally & checked understanding.
Clinician Signature:
.....
Date:

Additional Notes/Lot Numbers of Products
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