



VIRAMONTES SMILE CARE
DENTAL HYGIENE PRACTICE

LOCAL ANESTHETIC INFORMED CONSENT

Local anesthetic may be recommended to reduce or eliminate discomfort during dental hygiene treatment. Please read the information below and ask any questions before signing.

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Procedure / Area: _____

PURPOSE & BENEFITS

Local anesthetic temporarily blocks sensation in a specific area of the mouth. The intended benefit is improved comfort and pain control during the planned dental hygiene procedure.

POSSIBLE RISKS & SIDE EFFECTS

I understand that local anesthetic is generally well tolerated, but side effects or complications can occur. These may include:

- Temporary numbness of the lips, tongue, cheek, gums, or nearby tissues.
- Tenderness, soreness, bruising, bleeding, swelling, or hematoma at or near the injection site.
- Temporary increase in heart rate, palpitations, shakiness, or anxiety, particularly when a vasoconstrictor such as epinephrine is used.
- Allergic or sensitivity reaction to the anesthetic or another ingredient.
- Difficulty opening the mouth or temporary muscle soreness.
- Temporary altered sensation, tingling, or prolonged numbness; rarely, altered sensation or numbness may persist.
- Accidental biting or injury to the lip, cheek, or tongue while the area remains numb.
- Rare complications associated with the injection or needle, including infection, nerve irritation/injury, or needle breakage.

ALTERNATIVES

Alternatives may include proceeding without injectable local anesthetic, using another appropriate pain-control method when available, modifying or postponing treatment, or declining the proposed treatment. The appropriate options depend on the planned procedure and the patient's individual needs.

PATIENT ACKNOWLEDGMENT & CONSENT

I have informed the clinician of my current medical conditions, allergies, and medications. I understand the purpose, expected benefits, reasonable alternatives, and possible risks and complications of local anesthetic. I have had an opportunity to ask questions and have received answers that I understand.

I understand that no guarantee can be made regarding the exact duration or effectiveness of anesthesia. I consent to the administration of local anesthetic as appropriate for the dental hygiene treatment discussed with me. I understand that I may withdraw my consent before administration.

Patient / Parent / Legal Guardian
Signature: _____

Date: _____

Printed Name: _____

Relationship: _____

Clinician Signature: _____

Date: _____

This form documents the informed-consent discussion and does not replace communication between the patient (or legal representative) and clinician.