

*H. Lance Donald, DDS
Daniel J. Cassis, DDS
106 Professional Dr.
West Monroe, La. 71291
(318)324-0080*

Anesthesia Consent Form

Tooth _____

Patient's Name

Date

Please *initial* after reading the following definitions:

_____ Nitrous Oxide with Local Anesthesia: Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offer some relaxation.

_____ Oral Premedication with Nitrous Oxide: A pill taken for relaxation prior to giving local anesthesia.

Whichever technique you choose, giving any medication involves certain risks. These include:

- 1: Nausea and Vomiting
- 2: An allergic or unexpected reaction. If an allergic reaction is severe, it might cause more serious breathing or heart problems which may need treatment.

Fortunately, these complications and side effects are not common. All forms of Anesthesia are generally very safe, comfortable, and easy to deal with. **If you have any questions, please ask.**

I have read and give my consent for the following checked service:

_____ Nitrous Oxide/Oxygen Analgesia with Local Anesthesia

_____ Oral Premedication with Local Anesthesia

Female Patients Only, please initial: _____ I hereby consent that I am not pregnant.

Consent

I understand that my doctor can't promise that everything will be perfect. I have read and understand that the above and give my consent to surgery. I have given a complete and truthful medical history, including all medicines, drug use, pregnancy, etc. I certify that I speak, read and write English. All of my questions have been answered before signing this form.

Patient's (or Legal Guardian's) Name

Date

Doctor's Signature

Date

Witness' Signature

Date