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Discussion and Informed Consent for Local Anesthesia/Nitrous Patient

Patient Name:_______________________________________ DOB:______________

Option 1: Local Anesthesia

_____Anesthetizing agents, (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They also can be injected near a nerve to act as a nerve block causing numbness to a larger area of the mouth beyond just the site of injection.

_____Risks include but are not limited to: It is normal for the numbness to take time to wear off after treatment, usually 2 or 3 hours. This can vary depending on the type of medication used. However, in some cases, it can take longer, and in some rare cases, the numbness can be permanent if the nerve is injured. Infection, swelling, allergic reactions, discoloration, headache, tenderness, at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur.

_____Potential Benefits: The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

Option 2: Nitrous Oxide/Oxygen Inhalation Sedation

_____Nitrous Oxide/Oxygen (N2O) inhalation is a mild form of conscious sedation used to calm an anxious patient. The patient is observed while N2O is administered and after the completion of treatment until the patient is fully recovered from its side effects.

_____Risk includes but are not limited to: An early effect may be disorientation and temporary numbness and tingling. Nausea and vomiting may occur infrequently. If the patient will not accept wearing the N2O mask during treatment, nitrous oxide/oxygen cannot be used.

_____Potential benefits: The patient remains awake and can respond to directions and questions. N2O helps overcome apprehension, anxiety, or fear.

Alternative Treatments, Not limited to the following:

_____If a particular level of anesthesia does not relieve the patients' anxiety or pain, in the dentist's clinical judgment, and if the individual patient can't tolerate it, another level of anesthesia may be needed. Not every dental office is equipped or trained to administer every type of anesthesia. It may be necessary to refer the patient to another facility or to another dentist who has the appropriate equipment or credentials, or an anesthesiologist may be utilized in the office. Those types of services may result in additional charges

For All Patients/Parents

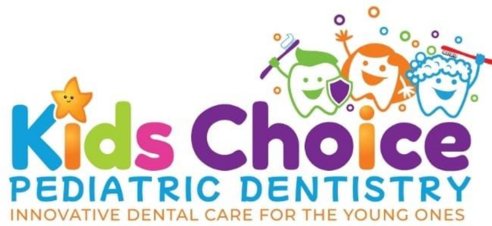
_____I have been given the opportunity to ask questions about the recommended method of anesthesia and believe that I have sufficient information to give consent as noted below.

I hereby give my consent for the use of ______________________________ anesthesia, as explained above when Dr. Bibiana Ezeanolue determines it is indicated in the treatment of my child.

___________________________________ ____________________
Patient or Patient's Representative's Signature Date

___________________________________ ____________________
Dentist's Signature Date

___________________________________ ____________________
Witness's Signature Date



COVID-19 SCREENING FORM

Patient Name: ___________________________________ Temperature: ___________

	Pre-Appointment Date:	In Office Date:
Do you/they have a fever or have you/they felt hot or feverish recently (14-21 days)?	• **Yes** • **No**	• **Yes** • **No**
Are you/they having shortness of breath or other difficulties breathing or a cough?	• **Yes** • **No**	• **Yes** • **No**
Have you/they experienced a recent loss of taste or smell?	• **Yes** • **No**	• **Yes** • **No**
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	• **Yes** • **No**	• **Yes** • **No**
Are you/they in contact with any confirmed COVID-19 positive patients ?	• **Yes** • **No**	• **Yes** • **No**
Is your/their age over 60?	• **Yes** • **No**	• **Yes** • **No**
Do you/they have a heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	• **Yes** • **No**	• **Yes** • **No**
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	• **Yes** • **No**	• **Yes** • **No**

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. I understand that it is impossible to determine who has it and who does not given the current limits in virus testing. Dental procedures may create water spray. I understand that the ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus. Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.

________________________________ ________________________________

Print name of Parent/Legal Guardian **Parent/Legal Guardian Signature**

____

Date