



PATIENT CONSENT: THE ATTENDING DENTIST IS RESPONSIBLE FOR OBTAINING CONSENT AND FOR CROSSING OUT ANYTHING THAT DOES NOT APPLY OR TO WHICH THE PATIENT DOES NOT CONSENT

I request and authorize Paul C. Kazmer, Jr., DMD, MS and assistants of his choice, to USE ANESTHETICS/SEDATIVE AGENTS/DRUGS in performing dental treatment for:

Name of Patient: _____

Any exceptions please note: _____

1. I understand that anesthetics/sedative drugs are necessary to assist the dentist in performing the dental treatment with increased patient comfort and cooperation.
2. I have been informed and I understand that there are associated risks with the use of local anesthetic agents and sedative drugs used to increase patient comfort and to control patient behavior. The risks that occur occasionally include, but are not limited to: numbness; inflammation of the veins used for administering the drugs; discoloration of the tissue surrounding the injection site; swelling; infection; bleeding; nausea; vomiting; and allergic reaction.
3. I have been informed and understand that in rare instances, the risk of sedative drugs include but are not limited to: breathing difficulties; brain damage; stroke; heart attack; or loss of function of any limb or body organ. I understand that severe complications are rare, but may require hospitalization and may even result in death.
4. The purpose and possible complications to the use of sedative drugs have been explained to me as well as possible alternative methods and their advantages and disadvantages. I understand the purpose, possible risks and probable effectiveness of each method or approach to treatment as well as the probable result if no treatment is provided.
5. I have been advised that good results are expected and that the possibility and exact nature of complications cannot be accurately predicted. I acknowledge that no implied or expressed guarantees as a result of treatment or use of anesthetic or sedative drugs have been given to me.
6. I acknowledge that I have received written and/or oral pre and post operative instructions regarding the use of sedative drugs, that these instructions have been explained to me and that I understand this information.
7. All of my questions have been answered to my satisfaction. I believe that I have been given adequate information upon which to base an informed consent
8. I confirm that I have read and understand this form, or it was read to me, and that all blanks were filled in and all inapplicable paragraphs, if any, were crossed out before I signed below.

Initialize please: _____

SIGNATURE OF PERSON CONSENTING TO TREATMENT: _____

DATE: _____ TIME: _____ PRINT NAME: _____

RELATIONSHIP TO THE PATIENT (if not self): _____

CONSENT CERTIFICATION

I certify that I have explained the nature, purpose, benefits, the usual and most frequent risks and hazards of, and alternatives to, the treatment and procedures specified above. I have offered to answer any questions and have fully answered such questions. I believe the patient/relative/guardian understands what I have explained, and has consented to the proposed treatment and procedures.

SIGNATURE OF DENTIST: _____ DATE: _____ TIME: _____

WITNESS CERTIFICATION

I hereby certify that the patient/relative/guardian either: has acknowledged in my presence that he/she has received an explanation of, and alternatives to, the proposed dental treatment/procedures, usual and most frequent risks and hazards of, and alternatives to the proposed treatment/procedures, has had all of his/her questions answered, has given his/her consent, and has signed this form where indicated; or after the informed consent discussion and signatures above, has answered "yes" to all of the following questions:

- 1. Did the doctor explain the treatment and procedure(s) to you?
- 2. Have all your questions about the treatment and procedure(s) been answered?
- 3. Is this your signature on the consent form?
- 4. Have you given your consent to the proposed treatment and procedure(s)?

WITNESS SIGNATURE : _____ DATE: _____ TIME: _____

PRINT NAME: _____