

CONSENT FOR ANESTHESIA

Patient's Name: _____ Date: _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor or treatment coordinator BEFORE initialing.

You have the right to be informed about your diagnosis and planned treatment so that you can decide whether to have a procedure or not after knowing the risks and benefits.

Your diagnosis is: _____

Your planned treatment is: _____

Types of Anesthesia available:

- LOCAL ANESTHESIA (Novocaine, Lidocaine, etc.)** – A shot is given to block pain in the areas to be worked on.
- NITROUS OXIDE WITH LOCAL ANESTHESIA** – Nitrous Oxide (or Laughing Gas) helps to lessen uncomfortable sensations and offers some relaxation
- ORAL PREMEDICATION WITH LOCAL ANESTHESIA** – A pill is taken for relaxation prior to giving local anesthesia.
- INTRAVENOUS SEDATION WITH LOCAL ANESTHESIA** – This makes you less aware of the procedure by making you calmer and less able to remember the procedure
- INTRAVENOUS GENERAL ANESTHESIA WITH LOCAL ANESTHESIA** – You will be completely asleep for the procedure.

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.

In addition there may be:

1. Pain, swelling or infection of the vein where the anesthesia or sedation was given
2. Injury to nerves or blood vessels in the vein area

3. Confusion or a long period of sleepiness after surgery
4. Heart or breathing responses which may lead to heart attack, stroke or death

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 do not hesitate to ask.

_____ The anesthetic I have chosen for my planned treatment is:

- Local Anesthesia
- Nitrous Oxide with Local Anesthesia
- Oral Premedication with Local Anesthesia
- Intravenous Sedation with Local Anesthesia
- Intravenous General Anesthesia with Local Anesthesia

_____ **ANESTHETIC RISKS** include pain, swelling, bruising, infection, prolonged numbness and allergic reactions. There may be swelling (phlebitis) at the site where the needle goes into the arm that might cause discomfort for a long time and/or disability and might need special care. You might have nausea and vomiting from the Intravenous Sedation or General Anesthesia, but this does not happen often. Intravenous Sedation and/or General Anesthesia are serious medical procedure and although considered safe, do carry the rare risks of heart attack, stroke, brain damage or even death.

_____ **YOUR OBLIGATIONS FOR INTRAVENOUS SEDATION OR GENERAL ANESTHESIA:**

1. Because anesthesia medications cause prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you home and stay with you until you are sufficiently recovered to care for yourself. This may be up to 24 hours.
2. During recovery time you should not drive, operate complicated machinery or devices or make any important decisions.
3. You must have a completely empty stomach. **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS PRIOR TO YOUR ANESTHETIC.** To do otherwise may be life threatening!
4. However, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any medications directed by us with only a small sip of water.



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CONSENT

I understand that my dentist cannot promise that everything will be perfect. I certify that I speak, read and write English, that I fully understand this consent form for surgery, and that all blanks were filled prior to initialing and signing this form. All my questions have been answered to my satisfaction and I am willing to undergo the proposed treatment with the anesthesia I have chosen.

Patient's (or Legal Guardian's) Signature

Date

Dentist's Signature

Date

Witness's Signature

Date