

## Dental Clinic/Dr. Nader Kreit, D.D.S. General Dentistry, Orthodontics, Periodontics, & Oral Surgery 117 Southpoint Lane, Suite 400 Livingston, Texas 77351 Telephone 936.327.9490 Fax 936.327.9496

## **CONSENT FOR LOCAL ANESTHETIC INJECTIONS**

I,, hereby auth	orize Dr	and
staff to perform a local anesthetic injection(s).		
I understand, and it has been explained to me, that there are anesthetics. Most risks are related to the position of the new which can not be determined prior to the administration of seldom occur they might include loss of, or disturbed sensating injection. If this occurs it is often temporary, and normal so However, in very rare cases the loss of sensation may extend permanent. In addition, injecting a foreign substance into the result in an allergic reaction. Allergic reactions to these age	eves under the tissue at the site of the anesthetic agent. Although the sion of the tongue and lip on the sidensation usually returns in several for a longer period and may become be body such as an anesthetic agents are rare, but may take place.	the injection e risks de of the days. ome nt, may
I further understand that individual reactions to treatment any unanticipated reactions following the injections(s), I ago possible.		
I have been told that the success of my dental treatment dep scheduled appointments, following home care instruction, in instructions, taking prescribed medication and reporting to	ncluding oral hygiene and dietary	. 0
I acknowledge that no guarantees or assurances have been a obtained. I have discussed all of the above with the doctor,		
Patient's Signature (If a minor, Signature of Parent/Guardi	Date	
Dentist Signature	Date	
Witness Signature	Date	