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300 CROWN STREET
SAINT JOHN, N.B.
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Patient

INFORMATION AND CONSENT FORM FOR USE OF LOCAL ANESTHETICS

For better understanding and better communication, it is important for you as a patient, parent or guardian to become aware of this information. It is presented as complete and as current as practically possible. If you have any questions please ask our staff for explanations. We are here to help you. Your good understanding of the treatment is as important to us as our aim in providing a successful treatment.

- **Local anesthetics** are among the most widely used drugs in dentistry and are classified among the safest categories of medication in use today.

Since the use of anesthetics is involved for the planned treatment, it is our duty as responsible professionals to make you aware of the possibility of complications from the use of local anesthetics. The complications may be divided into 3 groups related to the solution used, the insertion of the needle and to the medical condition of the patient.

I Possible complications due to the solution used:

- a) Toxicity:** local anesthetics can cause toxic reaction when they enter the central nervous system and this complication depends upon the concentration of the drug in the blood-stream. The clinical manifestations of local anesthetic toxic reaction include excitement, apprehension, talativeness, disorientation, dizziness, blurred vision, nausea, vomiting, convulsions and possible respiratory arrest, drop in blood pressure and heart output.
- b) Allergic reactions:** mild or severe, immediate or delayed (in 80% of cases of complications) may cause allergic skin and mucous membrane reactions (rash, urticaria, edema swelling) or bronchial asthma attacks.

In extremely rare cases: very severe allergic reactions may occur after the injection of a local anesthetic agent or medication. This is called anaphylactic shock and involves complication for breathing and heart functions that may result in death.

If you know of any allergies to drugs affecting you; you must inform us prior to treatment.

- c) Rare and unpredictable reactions:** any reaction to a local anesthetic or drug that cannot be classified as toxic or allergic. Emotional factors may create responses such as urticaria that may be erroneously attributed to local anesthetics.

II Possible complications attributed to needle insertion or to technical problems:

- a) Fainting (syncope):** believed to constitute the majority of negative reactions to local anesthetics and usually quickly reversible by lying flat with head a little lower than the legs.
- b) Muscle spasms:** the most common cause of spasm is trauma to a muscle during insertion of the needle. Irritation by the solution injected, hemorrhage or low grade infection within the muscle may also cause varying degrees of spasm.

- c) **Pain:** low degree of pain during or following the injection is sometimes unavoidable.
- d) **Edema (swelling):** of the tissues can be associated with trauma, infection, allergy, hemorrhage.
- e) **Prolonged anesthesia in the area affected by a nerve:** the most likely cause is a bruise into the nerve upon needle insertion. This is usually unpreventable due to the variable position of nerves in each individual patient and due to the fact that the exact area of needle insertion into soft mobile tissues cannot be controlled with extreme precision even if the location of a nerve were exact.

Damage to a nerve may cause prolonged anesthesia and possible local irritation (tingling or pain) for days, sometimes for months and very rarely permanently.

- f) **Hematoma (bruise):** is an accumulation of blood into surrounding tissue as a result of a damaged blood vessel. Generally without severe consequence other than a discoloration of the skin that may persist for a few days or up to a few weeks.
- g) **Infection:** secondary infection may follow an injection in the mouth if infection is present or even due to the fact that the mouth is never a sterile area.
- h) **Broken needle or carpule:** extremely rare but may happen.
- i) **Bizarre nerve symptoms:** In rare occasions unexplained neurological symptoms may occur following the insertion of a needle and the injection of a solution in a given area. Patients may exhibit facial paralysis, muscular weakness, temporary blindness.

III Medically compromised patients and local anesthesia:

- local anesthesia agents may interact with medication taken by patients. It is most important for you to inform us of the medications you are taking for treatment of your medical conditions or of any known medical problems affecting you.
- local anesthesia agents may interact with a known or unknown medical condition and may create possible unpredictable reactions. Stress involved in the dental treatment may also be important in creating problems with a medical condition.

Consent:

- I certify that I have read and fully understand the above information on local anesthetics and consent to the administration of local anesthetics as may be considered necessary or advisable by those dentists under whose care I place myself/the patient or my dependants under 18. This consent will remain valid until revoked in writing by the patient or by children becoming 18 years old.

Signature of Patient

(or parent or guardian)

Date

Signature of Witness

(for the dental clinic)

GENERAL PATIENT CONSENT FORM

I, _____ agree that Dr. Lynn N. Lamont / L.N.Lamont DDS, Prof. Corp. can collect, use and disclose my personal information as described in this agreement. The purpose for collecting personal information is to enable our office to provide appropriate dental care. Your personal information will not be collected, used, disclosed, or accessed except as provided for in our privacy code, in this consent form or where required by law. the specific ways in which our office will use and disclosed your personal information are described in Appendix "A".

I understand the information described above, have reviewed Appendix "A" and authorized the dental office / professional corporation noted above to collect, use, and disclose my personal information as described.

Signature

Print Name

Date

Witness

APPENDIX "A"

PURPOSES FOR THE USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information which you provide to this dental office will be used for the following purposes:

- To provide dental care which includes consultation with and referral to other health care providers on a need to know basis.
- to communicate with patients with respect to appointments, follow-ups, further treatment options, and collection of unpaid accounts.
- Where necessary for purposes of dental or health care to contact other healthcare providers or other healthcare facilities.
- To submit dental claims for payment to third party payers (insurance companies or government agencies).
- For teaching purposes.
- For peer review.
- To comply with registration and licensing requirements of the N.B. Dental Society.
- To process credit card payments.
- For office management.
- To evaluate the financial worth of the dental practice.
- To conduct an audit in the event of a sale of the dental practice.
- To collect unpaid accounts.
- To comply with the law.

VOLUNTARILY ELECTION TO NOT HAVE DIAGNOSTIC X-RAYS
AND LIABILITY WAIVER

Date: _____

Account No.: _____

Patient's name: _____

Date of Birth: _____

In the course of a dental consultation/examination performed by Dr. _____,
I was informed of the need for diagnostic x-rays.

I have voluntarily elected not to have this diagnostic procedure performed. This is being done against the recommendations of the above named attending dentist. I do not hold the above named dentist liable for any failure to diagnose or any misdiagnoses due to the lack of the recommended x-rays.

My reason for not permitting these x-rays to be taken is:

I assume full responsibility for any conditions relating to my dental health that may have been diagnosed had the recommended x-rays been taken.

Signature of patient

Date

Signature of dentist

Date

Signature of witness

Date