



Darren Boles D.D.S., P.L.L.C.

LOCAL ANESTHESIA INFORMED CONSENT

I, the undersigned, give permission for Darren Boles, D.D.D., PLLC, and his licensed staff to administer local anesthesia as needed for dental procedures.

I understand that the administration of local anesthesia and its performance carries certain risks, hazards, and unpleasant side effects which are infrequent, but nonetheless may occur. They include, but are not limited to the following:

1. Nerve damage or paresthesia.
2. A temporary, increased heart rate and/or a flushed feeling.
3. Allergic reaction.
4. Hematoma or swelling near or at the injection site.
5. Trismus or difficulty opening jaw for a short time after the injection.
6. Facial paralysis.
7. Soft tissue damage after the dental procedure due to biting of tongue and cheek, or burning tissues with hot food or beverage while still numb.
8. Infection.
9. Sloughing of tissue.
10. Ocular complications.
11. Needle breakage.

The benefits one can expect from local anesthesia include pain control during and after a dental procedure.

The risks involved in administration of local anesthesia have been fully explained to me and I do give my free and voluntary informed consent to Darren Boles, D.D.S., P.L.L.C. I have had the opportunity to ask questions and I have had all my questions answered to my satisfaction. I am aware that the practice of Dentistry is not an exact science. I acknowledge that every effort will be made on my behalf for a positive outcome from local anesthesia, but that no guarantees have been made to me as the result of this procedure.