

Dental Anesthesia Consent Form

Patient Information

Patient Name

Date of Birth

Procedure Information

Procedure Name

Date of Procedure

Anesthesia Type

- ☐ Local Anesthesia
- ☐ Nitrous Oxide (Laughing Gas)
- ☐ Oral Sedation
- ☐ IV Sedation
- ☐ General Anesthesia

Consent & Risks

- ☐ I have been informed of the benefits, alternatives, and risks associated with dental anesthesia, including possible complications.
- ☐ I had the opportunity to ask questions and they have been answered to my satisfaction.
- ☐ I consent to the administration of anesthesia as indicated above by the dental team.

Additional Comments or Questions

Patient/Guardian Signature

Date

Dentist Signature

Date

