

Russell W. Cannon, D.D.S.

A Professional Corporation

Family & Cosmetic Dentistry
Irvine Family Health Center - The Heritage Square Building
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949-55-BRUSH

LOCAL ANESTHETIC CONSENT FORM

Our office routinely uses local anesthetics to aid in the administration of quality pain-free dental care. Although local anesthesia is extremely safe from a statistical standpoint, complications from the administration of local anesthetic are possible.

Potential common complications include, but are not limited to, pain, swelling and bruising. Rare but more serious potential complications include, but are not limited to, permanent numbness or abnormal sensation as well as life-threatening reactions.

By signing this consent, patient understands the provisions of informed consent as described and has no further questions.

Patient Name (Print): _____

Parent or Guardian Name: _____

*If patient is younger than 18

Signature: _____

Date: _____