



MOUNTAIN TOP
periodontics & implants

8000 E. Prentice Ave. Unit D7
Greenwood Village, CO 80111
(303) 740-0080

**CONSENT FOR THE USE OF LOCAL ANESTHESIA, NITROUS OXIDE/OXYGEN,
SEDATION, OR GENERAL ANESTHESIA FOR DENTAL TREATMENT**

I, _____, give my consent to the use of local anesthetics, sedative drugs, general anesthetic agents, or nitrous oxide/oxygen that the dentist may deem necessary or advisable so as to enable the providers of service to render dental treatment as indicated on my examination chart, which I acknowledge, by my signature below, has been previously explained to me. Additionally, any other procedure deemed necessary or advisable as a corollary to the planned treatment for the above named individual, with the exception of: (if none, so state)

I have been informed and understand that occasionally there are complications involved in this type of treatment and or the use of these types of drugs or anesthetic agents; including but not limited; numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reactions, brain damage, stroke or heart attack. I further understand and accept that complications may require hospitalization and may even result in death.

The doctor has discussed with me, to my satisfaction, these complications. I acknowledge the receipt of and understand the preoperative and post operative instructions. The treatment and sedation and/or anesthesia procedures have been explained to me, to my satisfaction; along with possible alternative methods and their advantages and disadvantages, risks, consequences and probable effectiveness of each as well as the prognosis if no treatment is provided. I understand that the use of restraints may be necessary during treatment with conscious sedation as a safety measure.

I acknowledge that prior to my execution of this consent, I have read this consent and understand, to my satisfaction, the procedure to be performed and accept the possible risks.

Patient Name: _____

Date: _____