

# Anesthesia Consent Form for Dental Procedures

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

## Procedure Description

I, the undersigned, understand that I will be undergoing the following dental procedure:

\_\_\_\_\_

## Anesthesia Details

I have discussed the type of anesthesia to be used during the procedure, which may include:

- Local Anesthesia
- Conscious Sedation
- General Anesthesia

## Risks and Benefits

I understand the benefits of anesthesia as well as the potential risks and complications associated with its use, including but not limited to:

- Allergic reactions
- Nausea or vomiting
- Respiratory issues
- Cardiovascular events

## Consent

I hereby consent to the administration of anesthesia and understand that my dentist and care team will take all necessary precautions to ensure my safety.

\_\_\_\_\_

**Signature of Patient/Guardian**

Date: \_\_\_\_\_

\_\_\_\_\_

**Signature of Dentist**

Date: \_\_\_\_\_