

Informed Consent

Permission for Dental Examination and/or Treatment of a Minor

I am the parent or guardian of _____
who is a minor child, and I do hereby authorize and consent to any x-ray, examination, anesthetic,
sedative, or dental treatment rendered under the general, direct, or indirect supervision of
Dr. Dutton and her staff members as she may deem necessary.

Local Anesthesia

- **Anesthetizing agents**, (medications) are injected into a small area with the intent of numbing the area to receive dental treatment. They also can be injected near a nerve to act as a nerve block causing numbness to a larger area of the mouth beyond just the site of injection.
- **Risks include but are not limited to:** It is normal for the numbness to take time to wear off after treatment, usually two or three hours. This can vary depending on the type of medication used. However, in some cases, it can take longer, and in some rare cases, the numbness can be permanent if the nerve is injured. Infection, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur.

Nitrous Oxide/Oxygen Inhalation Sedation

- **Nitrous oxide/oxygen**, (N₂O) inhalation is a mild form of conscious sedation used to calm an anxious patient. The patient is observed while N₂O is administered and after the completion of treatment until the patient is fully recovered from its effects.
- **Risks include but are not limited to:** An early effect may be disorientation and temporary numbness and tingling. Nausea and vomiting may occur infrequently. If the patient will not accept wearing the N₂O mask during treatment, nitrous oxide/oxygen cannot be used.

This authorization will remain in effect until cancelled in writing by me.

Parent Signature _____ Date _____

Witness _____