## **DR. IAN BRAVERMAN** DENTAL SURGEON

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## **Consent for Anesthesia**

This is my consent for the doctor, or any dentist or physician who may be
employed by:
To perform the oral dental procedures indicated on my examination chart, as
previously explained to me, and any other procedure deemed necessary or
advisable as a corollary to the planned operation.

I also agree to the use of local, conscious, or general anesthetic sedation, and analgesia, depending upon the judgment of the dentists/physicians involved with my care.

I have been informed that occasionally there are complications of the treatment, drugs and anesthesia, including pain, infection, swelling, bleeding, discoloration, numbness, tingling of the lip, tongue, chin, gums, cheeks, and teeth, pain and numbness and tingling and thrombophlebitis (inflammation of the vein), from intravenous injection, injury to and stiffening of the neck and facial muscles, referred pain to the ear, neck and head, nausea, vomiting, allergic reaction, bone fractures, bruises, or delayed healing.

Medication, drugs, anesthetics and prescription may cause drowsiness and lack of awareness and coordination which can be increased by the use of alcohol or other drugs; thus, I have been advised not to operate any veicle or hazardous devices, or work, while taking such medications and/or drugs, or until fully recovered from the effect of the same. I understand and agree not to operate any vehicle or hazardous devices for at least 24 hours, or until fully recovered from the effects of such medications, drugs, or anesthetics.

I acknowledge the receipt of pre-operative instructions, and understand tha I should have nothing to eat or drink for at least eight hours prior to reciving anesthetics. In addition, I acknowledge the receipt of, and understand, post operative instructions and have been given a specific appointment date to return to the office.

I acknowledge that my health history  1  2  3  4		conditions:
Because of these conditions, it has be completely realize that any surgical pas a risk procedure. The risk involve experiencing morbidity (the relative proportion of death to population), do person in good health. These complimates involve more than average amore increased pain, swelling, and delayed these possible complications have be all these possible complications, I happerformed the the: Office Environment Hospital Environment  I may request further explanations of outcome of the procedure. When the	brocedure may, therefore, be ad is defined as a greater possincidence of disease, and mouring the surgical procedure cations which can occur during the fost-operative discombination of post-operative discombination. I fully acknowledgen explained. With clear known requested that the procedure of the risks involved and possing the risks inv	classified sibility of ortality (the than a ing sugery fort, ge that owlwdge of are be
give consent, signature should be of a patient.	-	
Signature of Patient or Guardian	Date	
Signature of Witness	Date	
Signature of Doctor	Date	