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INFORMED CONSENT FOR LOCAL ANESTHESIA AND INFORMATION REGARDING THE PERScription MONITORING PROGRAM (PMP)

PURPOSE OF LOCAL ANESTHESIA (LA): This is a routine form of pain management (numbing procedure) that accompanies almost every dental procedure requiring a region of the mouth to be free of pain sensation during treatment.

BASIC PROCEDURE/WHAT TO EXPECT: A LA is administered with a very small needle through the tissues that have been previously numbed with a topical anesthetic. This will allow a region of your mouth to become partially or fully numb, with an absence of pain sensation during treatment. LA usually lasts from less than an hour to 7-8 hours after the procedure, depending on the specific type and amount used. In some instances LA may not be fully profound and require additional methods to control sensation or referral to another office.

BENEFITS: LA makes a tooth or area of the mouth temporarily free from pain in order to perform necessary dental procedures. This allows the dentist to complete a procedure with very little or no discomfort. It also helps to shorten treatment time, reduce anxiety that can accompany fear of treatment, diagnose dental problems and control localized bleeding.

GENERAL AND SPECIFIC RISKS: Risks may include but are not limited to: dizziness, nausea, vomiting, accelerated heart rate, slow heart rate, and various types of allergic or untoward reactions, any or all of these which may require additional medical management or in very rare instances hospitalization. In extremely rare instances, death can occur; Restricted mouth opening during recovery related to muscle soreness at the site of the injection that may require additional physical therapy; Prolonged numbness that in some patients may result in injury from biting or chewing an area such as the lip, cheek or tongue that has received anesthesia; injury to nerves that can result in pain, numbness, tingling, burning or other sensory disturbances to the chin, face, lip, cheek, gums or tongue. This may persist for a short period of time and in rare cases several weeks or months, and in very rare cases indefinitely; In very rare instances anesthesia needles may separate from the syringe and become lodged in soft tissue that could require additional medical management for removal; In the event of sudden patient movement during an injection, the needle may become lodged or pierce other areas of the body, like the neck, eye, ear, cheek, tongue, chest or other places that may require medical management and additional fees by the associated professionals.

ALTERNATIVES:

- **NO ANESTHESIA.** You have elected to not have anesthesia and will retain full sensation of the area being treated.
- **REFERRAL TO AN OFFICE WITH AN OPTION FOR SEDATION:** You have elected to be referred to another office that can sedate you for necessary dental treatment. Several types of sedation for dental patients exist- oral sedation, IV sedation and general anesthesia. Sedation methods of treatment are not practiced at this office.

INFORMATION REGARDING THE MISSISSIPPI PERScription MONITORING PROGRAM (PMP): The Mississippi Opioid Task Force has tasked The Mississippi State Board of Dental Examiners (MSBDE) to implement regulations to reduce opioid use in our State and take action to minimize their adverse effects. The MSBDE now limits the amount of opioids licensed dentists can prescribe. Our dental office must comply with MSBDE guidelines for prescribing any scheduled medication. The PMP will be utilized for every dental procedure requiring a prescription to relieve post-operative dental pain. **The results of each query will be documented and become a part of the dental record.**

WE NO LONGER PERScribe OPIOIDS FOR PAIN CONTROL WITHOUT A DENTAL VISIT OR PMP INQUIRY.

QUESTIONS TO ASK THE DOCTOR/STAFF: _____

(OR CIRCLE "NONE") _____

CONSENT

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND HAVE DISCUSSED ALL QUESTIONS OR CONCERNS THAT I MIGHT HAVE REGARDING LOCAL ANESTHESIA (LA). I CONSENT TO LOCAL ANESTHESIA FOR MYSELF OR FOR THE PERSON FOR WHOM I HAVE GUARDIANSHIP. I UNDERSTAND THIS CONSENT WILL REMAIN IN FORCE FOR ALL DENTAL PROCEDURES REQUIRING LOCAL ANESTHESIA UNTIL REVOKED IN WRITING. BY SIGNING THIS DOCUMENT, I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THIS DOCUMENT WHICH WILL BE ELECTRONICALLY SCANNED AND BECOME A PART OF MY (OR PATIENT) DENTAL RECORD FOR ARCHIVE PURPOSES.

PATIENT OR GUARDIAN SIGNATURE

DATE

WILLIAM W. WOODS, III, D.M.D.

DATE

WITNESS

DATE