**Acknowledgement of Receipt of Notice of Privacy Practices**

I have received a copy of this office’s Notice of Privacy Practice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

***For Office Use Only***

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

\_\_ Individual refused to sign

\_\_Communication barriers prohibited obtaining the acknowledgement

\_\_An emergency situation prevented us from obtaining acknowledgment

\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Anesthesia Consent**

This consent is designed to make you aware of the risks involved with local anesthesia. The risks include, but are not limited to:

1. There are risks of anesthesia that may affect your body, such as dizziness, nausea, vomiting, accelerated heart rate, slow heart rate, or various types of allergic reactions. Any or all of these may require additional medical management or hospitalization.
2. Restricted mouth opening during recovery, sometimes related to muscle soreness at the site of the injection requiring physical therapy.
3. Local anesthesia may cause prolonged numbness that in some patients may result in injury from biting or chewing in an area (such as lip, cheek or tongue) that has received local anesthesia.
4. Injury to nerves that can result in pain, numbness, tingling, or other sensory disturbances to the chin, lip, cheek, gums, or tongue. This may persist for several weeks, months, or rarely, be permanent.
5. Local anesthesia is administered with a very fine needle. In very rare instances these needles may break off and be lodged in soft tissue.

Please ask the dentist if you have any questions regarding this consent form.

I hereby acknowledge that I have read this consent and discussed all questions or concerns that I might have regarding local anesthesia.

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Patient or Guardian Signature Date