

Anesthetic Consent Form for TOWN CENTER DENTAL

----- Drugs and Medications

I understand that analgesics and other medications can cause allergic reactions such as redness and swelling of tissues, pain, itching, and vomiting, and/or anaphylactic shock (severe allergic reaction). I have informed the dentist of any known allergies to medication. I understand that Dr. Knott at Town Center Dental may choose not to numb me based on my current medications, blood pressure, and or allergies. I understand that everyone reacts differently to local anesthetic and know that by the time I arrive at my appointment with my aesthetician some or all of the numbness could have worn off.

-----Insurance Benefits

I understand that my insurance will not be used to make payment for this procedure. I am here today to allow Dr. Knott to numb my mouth to aid is my comfort while having permanent makeup applied at another location by an aesthetician that has no association to Town Center Dental.

I understand that delivery of local anesthetics is not an exact science and even a reputable practitioner cannot properly guarantee results. I acknowledge no guarantee or assurance has been made by anyone regarding treatment which I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to proposed treatment.

I understand that payment is due before I have my mouth numbed. We accept credit card (Visa, Master Card, and Discover) or Cash. No checks please. \$80.00

only .

Sign: ----- Date:-----