

Annex L.

Patient's consent to local anaesthesia for an intervention/outpatient operation to be performed and for cases of tooth decay/dental root canal treatment or tooth extraction, QMS F 12-P 1.10

*Inset page to Forms Nos 025/a, 026/a, 025-043/a, 025-111/a, 025-112/a .....*

To be stored as the main document

**PATIENT'S CONSENT TO LOCAL ANAESTHESIA FOR AN INTERVENTION/OUTPATIENT OPERATION TO BE PERFORMED AND FOR CASES OF TOOTH DECAY/DENTAL ROOT CANAL TREATMENT OR TOOTH EXTRACTION**

I, \_\_\_\_\_, have been informed  
(*patient's/patient representative's forename and surname*)

that I have been recommended local anaesthesia due to the outpatient operation (intervention) \_\_\_\_\_.  
Complications of these treatments or outpatient operations are very rare, but they still carry risks to health and life. Potential implications/complications the most dangerous to health:

**for local anaesthesia:** sensitivity to local anaesthetic, transient circulatory disorder, bruising, haematoma, injection site pain, trismus, prolonged anaesthesia, paraesthesia, lower lip numbness due to nerve palsy, transient ophthalmoplegia lasting up to 25-30 minutes, mydriasis, ptosis and facial nerve paralysis;

**for cases of tooth extraction:** sensitivity to local anaesthetic, transient circulatory disorder, bruising, haematoma, trismus, bleeding after tooth extraction, soft tissue rupture, inflammation of the tooth socket, fracture of the dental root (jaw), dislocation of the adjacent tooth, opening of the sinus, teeth root displacement in the soft tissues of the sinus, exacerbation of inflammation (abscess, phlegmon) and changes in blood composition;

**for cases of tooth decay treatment:** transient post-filling sensitivity, losing a filling due to a systemic disease, a disorder of calcium metabolism, occlusion abnormality or poor mouth hygiene; and broken tooth wall with a large crown cavity.

**for cases of dental root canal treatment:** sensitivity to medicines, disintegration of an endodontic tool in the root canal, perforation, root spit, exacerbation during treatment, swelling of soft tissues in the area of the affecting tooth, broken tooth crown, pain after treatment and discolouration of the tooth crown.

**for other cases** .....

You must notify your doctor of any known allergic and other reactions of your body to the use of medicines and disclose any known diseases or conditions that may affect the risks of this treatment or operation.

I, \_\_\_\_\_, have received the necessary information about  
(*patient's/patient representative's forename and surname*)

the recommended treatment and understood the potential implications thereof. The doctor has answered all my questions in a clear and comprehensible manner.

I agree to have this treatment done to me.

**Patient** (or their representative) .....  
(*signature*) ..... (*forename and surname*)

**Doctor** .....  
(*signature*) ..... (*forename and surname or stamp*)

Date: .....