

# MIDWESTERN UNIVERSITY

## College of Dental Medicine–Arizona (CDMA) Continuing Education Office

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### INFORMED CONSENT AND PATIENT PROTECTION AGREEMENT

Local Anesthesia & Nitrous Oxide Analgesia

#### **Educational Purpose (ADA CERP Standard 5)**

This activity is a continuing education program. All procedures are performed solely for educational purposes and are not intended to provide comprehensive dental treatment or diagnosis.

#### **Participation**

Participants may administer and/or receive local anesthetic injections and nitrous oxide under direct faculty supervision.

#### **Health Disclosure**

Participants must fully disclose medical history. Certain conditions may prevent participation. A substitute patient (18+) may be required.

#### **Patient Protection**

All procedures occur in a supervised clinical environment with infection control, monitoring, and emergency protocols in place.

#### **Risk Acknowledgment (Initial Each)**

- Educational (not treatment) activity Initials: \_\_\_\_\_
- May receive/administer injections Initials: \_\_\_\_\_
- Understands local anesthesia risks Initials: \_\_\_\_\_
- Understands nitrous oxide risks Initials: \_\_\_\_\_
- Opportunity to ask questions Initials: \_\_\_\_\_
- May withdraw participation Initials: \_\_\_\_\_

#### **Risks**

Local anesthesia: pain, swelling, hematoma, paresthesia – numbness of hands and feet, memory loss, or limb spasms

Nitrous oxide: nausea, dizziness, headache.

## **PARTICIPANT'S CONSENT**

I voluntarily agree to participate and certify that I have completely and accurately revealed my medical and dental history, which is incorporated by reference.

I understand that I will be administering and/or receiving local anesthetic injections and nitrous oxide as a condition of course completion under faculty supervision.

I understand risks including but not limited to trismus, hematoma, paresthesia, facial nerve paralysis, nausea, dizziness, and headache.

I hereby knowingly, freely, and voluntarily release and hold harmless Midwestern University College of Dental Medicine and their agents, employees, servants, students and assignees from any and all liability, claims, demands or causes of action whatsoever, including liability for negligence, arising out of participation.

Participant Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **FACULTY SUPERVISION ATTESTATION**

Faculty will directly supervise all procedures and ensure compliance with safety and infection control standards.

Tatiana Trowbridge, D.D.S., M.Ed., MWU CDMA Associate Professor, 623-572-3870

I attest that I am appropriately **licensed, credentialed, and qualified**, with credentials maintained and verified by Midwestern University Human Resources:

Faculty Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **SUBSTITUTE PATIENT CONSENT**

I agree to serve as a substitute patient for educational procedures under faculty supervision.

I understand risks including anesthesia and nitrous oxide effects and consent voluntarily.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_