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**Topical Anesthetic Informed Consent**

**REASON/BENEFITS:** Pain reduction during laser or injectable procedures.

**IMPORTANT INFORMATION:** Please note that topical anesthetic or numbing cream, only work on the superficial layers of the epidermis. Therefore, numbing cream does not provide pain relief in the deeper layers of the skin or in subcutaneous (below the skin but above the bone) areas. Laser and fillers may affect these deeper layers, so that pain relief will be limited, even with numbing cream. **Absorption rate of topical anesthetic via the skin varies by patient. To reduce the chances of significant side effects, we limit the time and the area that the anesthetic is placed. Covering or occluding the topical is strictly prohibited.**

**POSSIBLE SIDE EFFECTS:** Mild redness and swelling is a common side effect of topical anesthetics. **Side effects resulting from too much absorption of the medication into the body *OR* a Vasa-Vagal response (over-stimulation of the Vagal nerve) could include:** burning, stinging, tenderness, fatigue, paleness, anxiety, troubled breathing, irregular heartbeat, shivering, trembling and ringing in the ear, increased perspiration, and headaches. **Signs of overdose include** reduced breathing rate, low heart rate, irregular heart rate, coma and death.

**ALTERNATIVES TO TOPICAL ANESTHETICS:** Ice, Acetaminophen (Tylenol), non-steroidal anti-inflammatory (Ibuprofen, Naproxen, Aspirin), cold air via Zimmer or no pain treatment at all.

**If you wish to have Topical Anesthetics prior to your laser or injectable procedure, please note the following:**

**We MUST know if you have allergies to topical or injectable anesthetics. Have you ever had a reaction to, or have a known allergy to (circle): Benzocaine Yes No**

# Lidocaine Yes No

**Tetracaine Yes No**

**Due to time constraints, you must arrive 20 minutes prior to your procedure for check-in and topical anesthetic application. The numbing cream will be applied ONLY to the area of treatment and for no more than 30 minutes.**

**POST TREATMENT PRECAUTIONS:** We attempt to remove the all topical anesthetic prior to the procedure. However, we may not get all the product and recommend washing the area post procedure. **IF YOU HAVE ANY CONCERNING SIDE EFFECTS, please call the office at 530-222-3678.**

**CONSENT:** Having read the information above, I consent to have topical anesthesia prior to my procedure today. By signing I acknowledge that I have been given the opportunity to ask questions and any questions asked have been answered to my satisfaction. I have been adequately informed of the risks and benefits of topical anesthesia and wish to proceed with application of such.

**#1. PATIENT NAME (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PATIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#2. PATIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#3. PATIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#4. PATIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**#5. PATIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEW FORM MUST BE STARTED ONCE ALL LINES SIGNED OR IN JANUARY OF THE NEW YEAR.**  mmf 3/2020