



Nitrous Oxide Consent

The purpose of this consent form is to provide an opportunity for patients/parents/guardians to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment. Each item should be initialed after the patient/parent/guardian has had the opportunity for discussion and questions.

1. I accept and understand that Nitrous Oxide is commonly called laughing gas and provides relaxation. Although I will be conscious and able to respond to verbal direction.

2. I accept and understand that the use of Nitrous Oxide is not required to provide the necessary dental care.

3. I accept and understand that the purpose of Nitrous Oxide is to reduce anxiety associated with the receipt of dental care, making the procedure more comfortable. I also accept and understand the use of Nitrous Oxide has limitations and risks and absolute success cannot be guaranteed (see also #5 below)

4. I accept and understand that Nitrous Oxide will be administered by the way of inhalation

5. I accept and understand that the alternatives to Nitrous Oxide are:
a. No Nitrous Oxide: The necessary procedure is performed under local anesthetic only
b. Oral Conscious Sedation: Sedation via pill form that will put me in a minimally depressed level of consciousness
c. Intravenous (IV) Sedation General Anesthetic: Commonly called deep sedation or general, a patient under general anesthetic has no awareness and must have his/her breathing temporarily supported. General anesthetic is appropriate for more invasive procedures.

6. The use of Nitrous Oxide has been fully explained to me, including all risks involved. I have been fully informed that temporary effects may include but are not limited to: tingling in the fingers, toes, cheeks, lips, tongue, head or neck area; heaviness in the thighs, legs followed by a lighter floating feeling; resonance in the voice or presence of a hyper-nasal tone; warm feeling throughout body with flushed cheeks; episodes of uncontrollable laughter or giddiness: detachment of disassociation from environment may occur; intense and uncomfortable warm or hot feeling throughout body; lightweight or floating sensation with an accompanying “out of body” sensation; sluggishness in motion and slurring or repetition of words: feeling of nausea, vomiting, agitation, hallucination. All of these symptoms are temporary.

7. I have had the opportunity to discuss the use of Nitrous Oxide in conjunction with my dental care and have had an opportunity to ask questions and am fully satisfied with the answers I received.

8. I accept and understand that I must follow all recommended instructions.

9. I have informed the doctor of my complete medical history including any recent surgeries or changes in my medical history involving lung, respiratory, ear infection, gastrointestinal disorders or common cold. I also accept and understand that I must notify the doctor of my present mental and physical condition.

10. I am currently NOT pregnant. I have advised the doctor of all medications I am currently taking.

11. I accept and understand that I must notify the doctor if:
a. I am pregnant
b. I have sensitivity to any medication
c. I have recently consumed alcohol
d. I am presently on psychiatric mood altering drugs or other medications

12. I understand that I must not consume any food for two hours prior to my appointment.

Patient’s Signature (Parent/Guardian) _____ Date _____

Witness’ Name _____ Witness’ Signature _____

Be proud of your **smile**

