



## INFORMED CONSENT NITROUS OXIDE SEDATION

The purpose of this Informed consent is to provide an opportunity for patients (and/or their parents or guardians) to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment.

1. I accept and understand that Nitrous Oxide is commonly called laughing gas and provides relaxation, reduced anxiety, and discomfort, although I will be awake, fully conscious, aware of my surroundings, and able to respond rationally to questions and directions.

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 Nitrous Oxide will be administered by way of the inhalation route.

4. I accept and understand that the alternatives to Nitrous Oxide are: local anesthesia alone, combined with oral medication or general sedation.

5. The use of Nitrous Oxide may have side effects while being administered. These are but are not limited to: exaggerated laughter, tingling of the hands and feet, a lightweight or floating sensation. Nausea and vomiting are possible, but unusual. All these complications are temporary.

6. I have had the opportunity to discuss Nitrous Oxide in conjunction with my dental care and have had the opportunity to ask questions. I am fully satisfied and ready to proceed considering the answers I received.

7. I have informed the dentist of my complete medical history including any recent surgeries or changes in my medical history involving lung, respiratory, ear infection or common cold.

8. I must notify my dentist of any of the following: if I am pregnant or lactating, if I have sensitivity to any medication, my present mental and physical condition, if I recently consumed alcohol or used any recreational drugs, of all my past and present medications including, but not limited to, any herbal or vitamin supplements before Nitrous Oxide is administered.

### **CONTRAINDICATIONS:**

Please let us know if you have any of the following medical conditions, because we may not be able to safely use nitrous oxide if you have:

Congestive heart failure, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, chronic asthma, bronchiectasis, pregnancy, hepatitis B or C, tuberculosis, macrocytic anemia, immune

diseases, respiratory disease, middle ear infections, or a history of substance abuse. Also, if you suffer from claustrophobia, you may choose not to use nitrous oxide.

**Informed Consent:**

- I have had the opportunity to discuss Nitrous sedation and have all my questions answered by the dentist.
- I hereby certify that I understand this authorization and the reasons for nitrous oxide/oxygen sedation and associated risks.
- I acknowledge that every effort will be made in my behalf for a positive outcome from sedation, but no guarantees have been made to the result of the procedure authorized.

\_\_\_\_\_ RETENTION OF DOCUMENTS RELATING TO YOUR CARE AND AGREEMENT. By signing  
*(Initial)* this, you understand and agree that it is our policy to scan original documents and store documents in an electronic form. Further, you agree that any agreement bearing scanned signature, which is printed from the electronic form, has the same force and effect as the original document.

Patient's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Name: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_