



Consent for Nitrous Oxide

Patient Information and Consent Form

Patient Information

This Consent for Nitrous Oxide is given to Dr. _____ ("the Dentist") after first having been provided with the full explanation of my diagnosis, proposed treatment, alternatives, benefits, risks, and opportunity to ask questions.

Nitrous oxide is also known as "laughing gas." Nitrous oxide will make it more comfortable for me to undergo dental treatment and will help to reduce my anxiety. Nitrous oxide will help me relax and may make me unresponsive to minor discomfort and less aware of my surroundings. I may not recall much of the procedure.

The nitrous oxide is combined with oxygen. I will breathe the nitrous oxide/oxygen through a small nasal mask. After I reach a state of relaxation, local anesthesia, if needed for my treatment, will be given. The effects of nitrous oxide wear off soon after the mask is removed.

Alternatives to nitrous oxide include: no nitrous oxide; oral conscious sedation (medications taken by mouth to produce relaxation); or intravenous (IV) sedation.

All anesthetics involve some risk, side effects, and complications. The risks, side effects, and complications of nitrous oxide include, but are not limited to: tingling of the fingers and toes, fits of laughter or giddiness, detachment or disassociation from my environment, nausea and/or vomiting, irritability, and hallucinations.

Pregnant or lactating women should not be given nitrous oxide.

Recovery time is usually very short, but I may not feel capable of driving after nitrous oxide. It may be best to arrange for a responsible adult to drive me home.

CONSENT

By signing this consent form, I acknowledge that I have read and understand this Consent for Nitrous Oxide and that I have asked and had answered all of my questions, if any, in a satisfactory manner.

- _____ I understand that I cannot have nitrous oxide at this office if I am a pregnant or lactating woman and I agree to inform the Dentist if I am pregnant or lactating.
- _____ I have read and understand the risks and complications associated with nitrous oxide.
- _____ I understand the potential risks are not limited to those described above.
- _____ I understand there is no guarantee of a successful outcome.
- _____ I understand this is an elective procedure, and I have a choice of other forms of treatment or no treatment at all.

If this Consent is signed by a personal representative on behalf of the patient (for example, a parent or guardian), his/her relationship to the patient and authority to act on behalf of the patient must be set forth here:

Relationship to Patient: _____

Basis of authority to consent: _____

I authorize the Dentist to use Nitrous Oxide during my dental treatment, as described above.

Print Name

Date

Signature

Authorized Signer for Patient

Date

Signature/Relationship to Patient