VALENCIA FAMILY
Dentistry & Orthodontics

NITROUS OXIDE INFORMED CONSENT FORM

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

_____1. I accept and understand that Nitrous Oxide is commonly called "laughing gas" and provides relaxation, although you will be awake, fully conscious aware of their surroundings, and they are able to respond rationally to inquiries 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 the purpose of Nitrous Oxide is to make it more comfortable to receive the necessary dental care with less pain and/or anxiety. I also accept and understand that the use of Nitrous Oxide has limitations and risks and absolute success cannot be guaranteed. (See also #6, below.)

_____4. I accept and understand that Nitrous Oxide will be administered by way of the inhalation route.

_____5. I accept and understand that the alternatives to Nitrous Oxide are:

____a. No Nitrous Oxide: The necessary procedure is performed under local anesthesia only.

____b. General Anesthesia: Commonly GA General anesthesia 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 complications** may include, but are not exclusive of: tingling in the fingers, toes, cheeks, lips, tongue, head or neck area; heaviness in the thighs/or legs, followed by a lighter floating feeling; resonation in the voice or presence of a hypernasal tone; warm feeling throughout body, with flushed cheeks; episodes of uncontrollable laughter or giddiness; detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout body; lightweight or floating sensation with an accompanying "out of body" sensation; sluggishness in motion and slurring and /or repetition of words; feeling of nausea; vomiting; agitation; and hallucination. **All of these complications are temporary**.

_____7. **I have had the opportunity to discuss the 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 or common cold. I also accept and understand that I must notify the doctor of my mental and physical condition.

Patient Name: _____DOB_____

PARENT/GUARDIAN SIGNATURE_____DATE_____

WITNESS SIGNATURE_____DATE_____