

DISCUSSION & INFORMED CONSENT FOR NITROUS OXIDE
Rev 03/2018

The purpose of this Informed Consent Form 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. Each item should be checked off after the patient (and/or parent or 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 awake, fully conscious, aware of my surroundings, and 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 for me 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 #5, 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:
 - No Nitrous Oxide - The necessary procedure is performed under local anesthetic only.
 - Anxiolytics - A pharmacologically induced state of consciousness where an individual is awake but has decreased anxiety to facilitate coping skills, retaining interactive ability.
 - Oral Conscious Sedation - Sedation via pill form that will put me in a minimally depressed level of Consciousness.
 - Intravenous (IV) conscious sedation - Sedation via the intravenous route that will put me in a minimally depressed level of consciousness.
 - General Anesthesia - Commonly called deep sedation or general, a patient under general anesthetic has no awareness and must have his/her breathing temporarily supported. 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 cheek area; heaviness in the thighs and/or 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; fits 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;

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agitation; and/or 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 and ready to proceed in light of the answers I received.
8. I accept and understand that it is in my best interest to follow all 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 present mental and physical condition.
10. I accept and understand that I must notify the doctor if I: (1) am pregnant, (2) have sensitivity to any medication, (3) have recently consumed alcohol, and/or (4) am presently on psychiatric mood altering drugs or other medications, and/or (5) any other conditions a reasonable health professional would want to know before proceeding with treatment.

FOR ALL PATIENTS

I have been given the opportunity to ask questions about Nitrous Oxide and believe that I have sufficient information to give my consent as noted below.

CONSENT

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives of the proposed treatment. I have been informed, both verbally and by the information provided on this form, of the material risks and benefits of alternative treatment and of electing not to treat my condition. I certify that I have read and understand the above information, that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist to do whatever he/she deems necessary and advisable under the circumstances. I consent to have treatment performed. While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.

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