KidstoothDoc

NITROUS OXIDE INFORMED CONSENT FORM

PATIENT'S NAME:_____ DATE OF SERVICE:_____

Nitrous oxide is commonly called laughing gas, or "relaxing air," and provides relaxation through inhalation. Nitrous oxide is administered through a mask and makes your child more comfortable to receive the necessary dental care with less pain and/or anxiety.

The alternative to nitrous oxide are:

- **No nitrous oxide**: The necessary procedure is performed under local anesthetic only.
- **Oral Conscious Sedation:** Sedation via oral form that will put a child in a minimally depressed level of Consciousness (awake but with a lowered level of awareness)
- **General Anesthetic:** A patient under general anesthetic has no awareness and must have his/her breathing temporarily supported and is performed in a hospital setting **or** in our clinic under the care of a trained general anesthesiologist (child is "asleep")

The use of nitrous oxide has been fully explained to me, including the risks involved. I have been fully informed that temporary complications/risks may include, but are not exclusive of: a tingling sensation or a feeling of heaviness, followed by a lighter floating feeling; warm feeling throughout the body, with flush cheeks, laughter or giddiness; detachment from the environment may occur; lightweight or floating sensation, sluggishness and slurring and/or repetition of words; feeling of nausea; vomiting or agitation. All these complications are temporary.

I have had the opportunity to discuss nitrous oxide use in conjunction with my child's dental care, and have had the opportunity to ask questions and am fully satisfied with the answers I received.

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

_____ _____ _____

Signature of Parent/Guardian Date Witness

Dentist's Signature: _____