

THE CHILDREN'S DENTAL ZONE!

NITROUS OXIDE INFORMED CONSENT FORM

Child's Name: _____ Date of Birth: _____

The purpose of this informed consent form is to provide an opportunity for parents or guardians to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment. Each item should be initialed after parent/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, my child will be awake, fully conscious, aware of his/her surroundings, and able to respond to inquires 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 use of Nitrous Oxide is to make it more comfortable for my child 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 the way of the inhalation route.
- _____ 5. I accept and understand that the alternatives to Nitrous Oxide at this office include no Nitrous Oxide: the necessary procedures are performed under local anesthesia only.
- _____ 6. The use of Nitrous Oxide has been fully explained to me, including all risks involved. I, (parent/guardian) have been fully informed that temporary side effects may include, but are not exclusive of; tingling of fingers, toes, cheeks, lips, tongue, head or cheek area, heaviness in the thighs and/or legs, followed by a lighter floating feeling, resonation in the voice or presence of a hyper nasal tone; warm feeling throughout the body, with flushed cheeks; uncontrollable laughter; detachment from the environment may occur; sluggishness in motion and/or repetition of words; feeling of nausea; vomiting, agitation, and/or hallucination. All of these side effects are temporary.
- _____ 7. I have had the opportunity to discuss the Nitrous Oxide 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.
- _____ 8. I accept and understand that my child must follow all recommended instructions.
- _____ 9. I have informed the doctor of my child's complete medical history including any recent surgeries 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.
- _____ 10. I accept and understand that I must notify the doctor if my child is (1) pregnant, (2) has sensitivity to any medications, (3) has recently consumed alcohol, and/or (4) is presently on psychiatric mood altering drugs or other medications.

Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Witness Signature: _____ Date: _____