

**Nitrous Oxide Informed Consent Form**

The purpose of this Informed consent 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 initialed after the patient (and/or parent or guardian) has had the opportunity for discussion or questions.

1. I accept and understand that Nitrous Oxide is commonly called laughing gas and provides relaxation, reduced anxiety and discomfort, although I will be awake, fully conscious, aware of my surroundings, and able to respond rationally to questions 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 Nitrous Oxide will be administered by way of the inhalation route.
4. I accept and understand that the alternatives to Nitrous Oxide are: local anesthesia alone or combined with oral anti-anxiety medication.
5. The use of Nitrous Oxide may have side effects while being administered. These are but are not exclusive to: exaggerated laughter, tingling of the hands and feet, a lightweight or floating sensation. Nausea and vomiting are possible, but unusual. All of these complications are temporary.
6. I have had the opportunity to discuss Nitrous Oxide in conjunction with my dental care, and have had the opportunity to ask questions. I am fully satisfied and ready to proceed in light of the answers I received.
7. 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.
8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication. I must notify the doctor of my present mental and physical condition. I must notify the doctor if I recently consumed alcohol, or used any recreational drugs. I must inform the doctor of all my past and present medications including, but not limited to, any herbal or vitamin supplements or any psychiatric mood altering drugs. I must also inform the doctor if I am a recovering alcohol or drug addict and cannot consume alcohol or recreational drugs before Nitrous Oxide is administered.

Signature (patient or parent/guardian) \_\_\_\_\_

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_