




NORTH BETHESDA

PERIODONTAL GROUP

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DIPLOMATES AMERICAN BOARD OF PERIODONTOLOGY

Consent for Nitrous Oxide

Patient Name: _____

Date: _____

The purpose of this Informed Consent Form is to provide an opportunity for patients (and/or their parents or guardian) 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.
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. Local Anesthesia: The necessary procedure is performed under local anesthetic only.
 - b. Oral Conscious Sedation: Sedation via pill form that will put me in a minimally depressed level of consciousness.
 - c. Intravenous (IV) Sedation/General Anesthetic: 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 or head; heaviness in the thighs and/or legs, followed by a lighter floating feeling; resonation in the voice or carry a hyper nasal tone; warm feeling throughout the body, with flush cheeks; fits of uncontrollable laughter giddiness; detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout the 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/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 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 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.

CONSENT: I understand that no guarantee as to results (functional, aesthetic, or otherwise) can be or has been promised. I give my free and voluntary consent for treatment. My signature below signifies that all questions have been answered to my satisfaction regarding this consent and I fully understand the risks involved in the proposed surgery and anesthesia. I certify that I speak, read and write English.

PLEASE ASK THE DOCTOR OR ANY OF THE STAFF IF YOU HAVE ANY QUESTIONS REGARDING THIS CONSENT.

Patient (Or Legal Guardian) Signature: _____

Date: _____

Dentist Signature: _____

Date: _____

Witness Signature: _____

Date: _____