

Date of service _____

Nitrous Sedation Consent Form

Patient Name: _____

The purpose of this document is to provide an opportunity for our patients to understand and give permission for conscious sedations when provided along with dental treatment.

NOSE

CREEK

DENTAL

CENTRE

_____ I understand that the purpose of Nitrous sedation is to more comfortably receive necessary care. Nitrous sedation is not required to provide the necessary care. I understand that Nitrous sedation has limitations and risks, and absolute success cannot be guaranteed.

_____ I understand that Nitrous sedation is a drug-induced state of reduced awareness and decreased ability to respond. **Nitrous sedation is not sleep.** I will be able to respond during the procedure. My ability to respond returns to normal prior to my dismissal.

_____ I understand that my Nitrous sedation will be achieved by inhalation administration in the form of Nitrous Oxide Gas – commonly called laughing gas.

_____ **I understand the alternatives to Nitrous sedation are:**

- No sedation – the necessary procedure is performed under local anesthesia with the patient fully aware.
- Conscious Sedation – oral sedative, taking a pill to reduce fear and anxiety.
- Intravenous administration – the sedative is injected in a tube connected to a vein.
- General Anesthetic – commonly called deep sedation, the patient has no awareness, and must have their breathing temporarily supported.

_____ **I understand there are risks or limitations to all procedures. For sedation these**

- Inadequate sedation with initial dosage, may require the patient to undergo the procedure without full sedation or delay the procedure for another time.
- Atypical reaction to sedative gas which may require emergency medical attention and/or hospitalization such as altered mental state, physical reactions, allergic reactions and other sickness.

_____ I have had the opportunity to discuss Nitrous sedation and have my questions Answered by qualified personnel, including the doctor. I also understand I must follow the recommended treatments and instructions of my doctor.

_____ I understand I must notify the doctor if I am pregnant or lactating.

_____ I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, marijuana, antacids, and/or if I presently on psychiatric, or mood altering drugs or other medications

_____ I understand I must notify the clinic if I experience any adverse effects of the Nitrous Oxide gas in the 48 hour period after it is administered.

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