



Nitrous Oxide Consent For Use

Patient's Name: Test Test Patient's Date of Birth: 07/05/1935

Nitrous Oxide (commonly called "laughing gas") decreases fear, anxiety, apprehension and pain sensations. The feeling of nausea or vomiting can be a temporary side effect. It is a safe gas/oxygen mixture which is inhaled by a nasal mask and is eliminated from the body immediately following the end of its administration.

I accept and understand that the purpose 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 absolute success cannot be guaranteed.

I accept and understand that if my child will not accept the mask, nitrous oxide will not be effective and cannot be used.

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

I will inform the doctor if my child or anyone accompanying my child into the treatment room is pregnant. I understand that they will be asked to remain out of the room during the administration of nitrous oxide.

I will inform the dentist and/or his/her staff if my child has a mutation on gene MTHFR, if my child has recently gone under a medical procedure related to their respiratory system.

I have voluntarily chosen and consented for my child to receive nitrous oxide.

I understand that I have the right to receive a copy of this consent upon request.

Please, after any dental procedures rendered at our practice, use the elevator and not the stairs to exit the building unless an emergency evacuation is in place at that time.

Parent/Guardian's Name:

Date of form completion: