

NEWPORT FAMILY DENTAL CARE, P.C.
NITROUS OXIDE
INFORMED CONSENT FORM

The purpose of this form 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.

PLEASE READ THIS FORM CAREFULLY

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. (See also #5, below.)
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. No Nitrous Oxide: The necessary procedure is performed under local anesthetic only.
 - b. Anxiolysis: A pharmacologically induced state of consciousness where an individual is awake but has decreased anxiety to facilitate coping skills, retaining interactive ability.
 - c. Oral Conscious Sedation: Sedation via pill form that will put me in a minimally depressed level of consciousness.
 - d. Intravenous (IV) Conscious Sedation: Sedation via the intravenous route that will put me in a minimally depressed level of consciousness.
 - e. 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, head or cheek area; heaviness in the thighs and/or legs, followed by a lighter floating feeling; resonance in the voice or carry a hypernasal tone; warm feeling throughout body, with flush cheeks; fits of uncontrollable laughter or giddiness; detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout 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 it is in my best interest to 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, (4) am presently on psychiatric mood altering drugs or other medications, and/or (5) any other conditions a reasonable health professional would want to know before proceeding with treatment.

**YOU WILL BE ASKED AT THE FRONT DESK TO SIGN ELECTRONICALLY TO INDICATE THAT YOU HAVE
READ AND UNDERSTAND THIS FORM AND AGREE TO THE USE OF
NITROUS OXIDE.**

