

Informed Consent for Nitrous Oxide

I have elected to proceed with nitrous oxide in conjunction with my dental treatment.

Purpose of Nitrous Oxide: I understand that the purpose of nitrous oxide is to more comfortably receive necessary dental care. I understand that nitrous oxide is a drug-induced state of reduced awareness but that it does not produce a state of sleep.

Risk and Complications of Nitrous Oxide: I have been informed of, and understand, that while nitrous oxide is considered safe and complications are rare, potential risks with its use include, but are not limited to:

- Inadequate sedation
- Poor patient experience
- Vertigo
- Temporary bowel discomfort
- Dryness/irritation to eyes, especially in contact lens wearers.
- Exacerbation of pulmonary conditions like COPD, emphysema, cystic fibrosis, and decompression illness.
- Nausea and vomiting, usually preceded by hypersalivation, sweating and nausea.

Patient's responsibilities:

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, allergies, recreational drug, tobacco and alcohol use, and pregnancy/lactation (if applicable).

I had sufficient time to read this document, understand the statements, and have had a chance to get all of my questions answered. By signing this document, I acknowledge and accept the possible risks and complications of nitrous oxide and agree to proceed.

You or your responsible party will have the opportunity to sign an electronic copy of this form when you arrive at our office for your appointment.