Informed Consent for Nitrous Oxide-Oxygen Sedation

I understand that my treatment today will include the procedure of nitrous oxide oxygen administration.

I, _____, have been informed of the purposes of the procedure and how it will benefit my treatment. The procedure has been described to me and I understand how it will be accomplished. I should feel more relaxed and less anxious.

I understand that certain risks may be associated with this procedure, such as headache, dizziness, nausea, vomiting and rarely dreaming and hallucinations. I understand the risks associated with this procedure and I further understand the risks that may occur if the procedure is not completed.

I also realize that my doctor must know if I have taken any type of medication or drugs within the past seventy-two (72) hours because these may cause adverse reaction when nitrous oxide-oxygen is administered. I verify that I have told my doctor about any such medication and drugs.

I have been informed of the alternatives to nitrous oxide-oxygen sedation and their associated risks.

All of my questions and concern have been satisfactorily answered and addressed.

I give informed consent to the administration of nitrous oxide-oxygen sedation.

_____ _____

Patient/Guardian Signature Date

_____ _____

Witness Signature Date

_____ _____

Dentist Signature Date