



NITROUS OXIDE (LAUGHING GAS) INFORMATION AND CONSENT FORM

The use of nitrous oxide, laughing gas, for your dental appointment is an excellent way to minimize or eliminate anxiety that may be associated with going to the dentist. Even though it is safe, effective, and wears off rapidly after the dental visit, you should be aware of some important precautions and considerations.

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/incomplete sedation
- Poor patient experience
- Vertigo
- Temporary bowel discomfort
- Dryness/irritation to eyes, especially in contact lens wearers.
- Pulmonary conditions like COPD, emphysema, cystic fibrosis, and decompression illness are conditions that can be exacerbated by nitrous administration.
- Nausea and vomiting, usually preceded by hypersalivation, sweating and nausea.

Patient's (Parent's/Guardian'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
- Pregnancy/lactation (if applicable)

I understand these considerations and am willing to abide by the conditions stated above. I have had an opportunity to ask questions and have had them answered to my satisfaction. I also understand there is a charge for the administration of Nitrous Oxide and it is not covered by insurance.

Patient Name: _____

Patient (Parent or Guardian) Signature: _____ Date: ____ / ____ / ____

Staff Signature: _____ Date: ____ / ____ / ____