

Smile Designers  
Nitrous Oxide Informed Consent

I hereby authorize \_\_\_\_\_ to perform nitrous oxide/oxygen conscious sedation for myself (or my child) \_\_\_\_\_.

I understand that the nature of the nitrous oxide/oxygen conscious sedation carries potential risks of complications, such as, but not limited to:

1. Nausea and vomiting; This is the most frequent of the side effects of the nitrous oxide sedation but its frequency is still quite low. In order to use nitrous you or your child must not have eaten for the 6 hours prior to the procedure.
2. Please advise the doctor and staff if you (or your child) have a cold, upper respiratory infection, asthma, or difficulty breathing.
3. Nitrous oxide sedation is used for anxiety and pain control, as well as control of gagging. Local anesthesia will also be required for most procedures.
4. Nitrous oxide sedation is very effective for many people, however, some people may not like the feeling it produces, or it may produce increased activity in some people, at which time you or the dentist may decide to discontinue nitrous oxide sedation.
5. For some people, nitrous oxide sedation may not calm them adequately to allow a dental procedure to be done. These people may require referral for other sedation techniques.

I hereby certify that I understand this authorization and the reasons for the above named sedative procedure and associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made in my (or my child's) behalf for a positive outcome for sedation, but no guarantees have been made as to the result of the procedure authorized above.

\_\_\_\_\_  
Patient or Patient's Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date