Masterpiece Smiles, P.C.
Nitrous Oxide Informed Consent Form

The purpose of this Informed Consent 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. Each item should be checked off after the patient (and/or parent or guardian) has had the opportunity for discussion and questions.

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 surrounding, and able to respond rationally to inquiries and directions.
2. I accept and understand that the use of Nitrous Oxide is not required to 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.
4. I accept and understand that Nitrous Oxide will be administered by way of 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/ Anxiety-Free Oral Sedation: 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. **(This office does not offer this option)**
    e. General Anesthesia: Commonly called deep sedation or general, a patient under general anesthetic has no awareness and must have his/her breathing supported. General anesthesia is appropriate for more invasive procedures. **(This office does not offer this option)**
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 neck area, heaviness in the thighs and/or legs, followed by a light floating feeling: resonation in the voice or presence of a hypernasal tone: warm feeling throughout body, flushed cheeks; 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; 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 and ready to proceed in light of the answers I received.
8. I accept and understand that it is in my best interest to follow all 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, and/or (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.

Patient's Signature (or Parent/Guardian): _____ Date: _____

Patient's (or Parent/Guardian's) Identification: _____

Doctor Name: _____ Assistant Signature _____ Date: _____