



Consent for Nitrous Oxide

Patient: _____

Doctor: _____

Benefits: Nitrous Oxide (a.k.a. laughing gas) is a colorless, slightly sweet gas that is used during dental treatment for relaxation and anxiety relief. When inhaled, it can induce feelings of euphoria and sedation. You **WILL** be awake and fully conscious. You will be able to swallow, talk, and cough as needed.

Adverse Effects: Although rare and temporary, the following side effects (but not limited to) may occur:

1. A tingling sensation in the fingers, toes, cheeks, lips, tongue, or head
2. Heavy feelings in the legs followed by a floating feeling
3. A resonating voice with hypernasal tone
4. A warm or hot feeling in the body with flushing in the face
5. Uncontrollable laughter and/or talking
6. Feelings of nausea and/or vomiting
7. Agitation
8. Sluggishness in motion
9. Slurring of words
10. Claustrophobic

Preoperative guidelines:

Nitrous Oxide is administered through a nasal mask. You must be able to breathe in and out through the nose only. Avoid eating at least four hours prior to the dental appointment. Avoid caffeinated products before coming in for treatment. On the day of your appointment, do **NOT** take any anti-depressants or other sedatives unless prescribed by your dentist.

Alternatives:

1. You may choose not to use nitrous oxide and complete your dental work without addressing your anxiety.
2. If your dentist feels it's an option for you, you may choose to take an oral sedative that will relieve your anxiety.
3. For an additional fee, we can arrange for a licensed dental anesthesiologist to perform IV sedation in our office.

I have informed the dentist of my complete medical history, including any recent surgeries and changes in my medical history. I have informed my dentist of any upper or lower respiratory tract conditions, drug or alcohol use, pregnancy, bowel obstruction, psychological treatment, recent EEG's, bleomycin therapy and any surgeries of the ears and eyes.

I have had the opportunity to discuss nitrous oxide in conjunction with my dental care, and have had the opportunity to ask questions. This consent is valid for a period of one year. You may withdraw your consent at any time.

Patient or Guardian: _____

Date: _____

Doctor: _____

Date: _____