

NUVO DENTAL

The New Standard In Dentistry

NITROUS OXIDE/ OXYGEN INHALATION SEDATION PATIENT CONSENT FORM

To help lower your anxiety during dental treatment and contribute in making your appointment(s) more pleasant, inhalation (breathing) sedation using a combination of nitrous oxide (sometimes called laughing gas) and oxygen (hereafter N2O) is available. Typically most patients find the nitrous oxide to be effective at controlling their anxiety with little to no ill effects. However, in some cases, the level of effectiveness can be unpredictable and in rare cases patients may experience undesirable reactions to N2O despite our best efforts to minimize this from happening. These problems include – but are not limited to – nausea and vomiting, allergic reactions, breathing problems, heart problems and blood pressure problems. On very rare occasions, patients have had to be hospitalized with a life- threatening Problem

FEMALES:

If you suspect you are pregnant, it is critical that you inform us immediately! The use of N2O is a possible risk to your unborn baby; therefore we advise AGAINST the use N2O during pregnancy. There is a risk for sudden miscarriage or loss of the baby if you use nitrous oxide during your pregnancy.

I understand that I should not eat or drink 4 hours prior to using N2O to reduce the possibility of undesirable reactions mentioned above, particularly nausea and vomiting.

I (We) have read the above and was/were given the opportunity to ask additional questions. I (we) freely give my (our) informed consent for the use of nitrous oxide/oxygen during dental treatment at Nuvo Dental. I (we) understand that no guarantees are made regarding any medical or mental results associated with use of this sedation technique.

I (we) also understand that the cost for N2O is \$40 per visit which will be collected prior to treatment because this inhalation sedation treatment is separate from my dental treatment and is not covered by my (our) insurance policy.

Date: _____

Patient Printed Signature _____

Patient Printed Name: _____

Doctor's Signature: _____ Assistant Signature: _____