

OPEN & AFFORDABLE DENTAL BRACES

BP: ____/____ HR: ____ BPM

CONSENT FOR NITROUS OXIDE

Patient's Name: _____

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

You have the right to be informed about your diagnosis and planned procedure so that you can decide whether to have a procedure or not after knowing the risks, benefits and alternative options.

- _____ 1. **Risks and Complications:** While nitrous oxide is generally safe, there are some potential side effects, including:
- Nausea and vomiting
 - Dizziness and drowsiness
 - Tingling in fingers, toes, cheeks, lips, tongue, head, or neck area
 - Warm feeling throughout the body with flushing
 - Episodes of uncontrollable laughter or giddiness
 - Detachment or disassociation from the environment
 - Sluggishness in motion and slurring of speech
- _____ 2. **Preoperative Guidelines:**
- Avoid eating at least 4 hours before the appointment.
 - Avoid caffeinated products before coming in for treatment.
 - Inform the dentist if you have any medical conditions or are taking any medications.
- _____ 3. **During Use:**
- The mask must remain firmly in place during the entire period.
 - Breathe through the nose only.
 - Do not talk while nitrous oxide is being used.
- _____ 4. **Postoperative Guidelines:**
- Recovery from nitrous oxide sedation is rapid.
 - The gas will be flushed from your system with oxygen.
 - If you feel dizzy after the sedation, remain seated until the sensation passes.
- _____ 5. **Alternatives:**
- You may choose not to use nitrous oxide and complete your dental treatment without any sedation.
 - You may be referred to a specialist for deeper sedation if needed.

CONSENT

I have read and understand the information provided above. I consent to the use of nitrous oxide during my dental treatment.

Patient's (or Legal Guardian's) Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____