



Joy John, DMD  
Kierstin Kerr, DMD  
Amanda Peer, DMD  
Lauren Murphy, DMD

## Nitrous Oxide Analgesia Consent Form

Nitrous oxide ("laughing gas") is administered through a fitted mask, which is placed over the nose as the child breathes normally. At the end of treatment, it is eliminated after a short period of breathing oxygen and has no lingering effects. Nitrous oxide administration is very safe.

The \$95 fee for this service is NOT covered by most insurances and is due at time of service. Even if the nitrous is not effective, there will still be a charge for its use.

### Indications for Use of Nitrous Oxide:

- Reduce gag reflex
- Calm child's fears and anxiety

### Relative Contraindications:

- Active asthmatic wheezing
- Upper respiratory infections or Tuberculosis
- Some obstructive pulmonary diseases
- Nasopharyngeal obstruction
- Active ear infection or recent middle ear surgery
- Vitamin B 12 deficiency
- MTHFR (gene) deficiency
- Treatment with Bleomycin Sulfate
- Severe emotional disturbance or drug-related dependency
- First trimester of pregnancy

### Infrequent Side effects:

- Nausea and vomiting
- Sweating or flushed skin
- Agitation
- May not be effective for all children
- Over sedation

### Benefits:

- A faint, sweet smell
- Sense of relaxation, euphoria
- Arms and legs may feel tingly
- Raises pain threshold
- May make time appear to pass quickly

### Special instructions:

- Light meal 2 hours preceding the dental visit
- Inform the dentist of any colds, sinus infections, wheezing or conditions that may make breathing through the nose difficult
- Inform the dentist of any changes in medical history (including current medications & allergies)

### Alternatives:

- Treatment with local anesthesia only

I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_ (DOB: \_\_\_\_\_) hereby consent to the administration of Nitrous Oxide/Oxygen Analgesia in conjunction with dental treatment.

***By signing below, I confirm that I have read, understand and agree to the above.***

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_