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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:

- Tuberculosis
- Active asthmatic wheezing
- Nasopharyngeal obstruction
- Active ear infection

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)

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

Infrequent Side effects:

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

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. I am aware of the benefits/risks involved with this procedure, and I have had the opportunity to have my questions answered.

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

Parent/Legal Guardian Signature: _____ Date: _____

Dentist Signature: _____ Date: _____

Witness: _____ Date: _____