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## **Nitrous Oxide Informed Consent Form**

The Purpose of this Informed Consent form is to provide an opportunity for patients (and/or their parents or guardians) to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment. Each item should be checked off after the patient (and/or guardian) has had the opportunity for discussion and questions.

- \_\_\_\_\_ 1. I accept and understand that Nitrous Oxide is commonly called laughing gas and provides relaxation, although I will be awake, fully conscious, aware of my surroundings, and able to respond rationally to questions and directions.
- \_\_\_\_\_ 2. I accept and understand that the use of Nitrous Oxide is not required to provide necessary dental care.
- \_\_\_\_\_ 3. I accept and understand that Nitrous Oxide will be administered by way of the inhalation route.
- \_\_\_\_\_ 4. I accept and understand that the alternatives to Nitrous Oxide are: No Nitrous Oxide, the necessary procedure is performed under local anesthetic only.
- \_\_\_\_\_ 5. The use of Nitrous Oxide has been **fully explained to me**, including all risks involved. I have been fully informed that **temporary complications** may include, but are not exclusive of: tingling in the fingers, toes, cheeks, lips, tongue, head or chest area; warm feeling throughout body, with flushed cheeks, detachment or disassociation from environment may occur; lightweight or floating sensation with an accompanying "out of body" sensation; sluggishness in motion and slurring and/or repetition of words; feeling of nausea; vomiting; agitation; and/or hallucination. **All of these complications are temporary.**
- \_\_\_\_\_ 6. I have had the opportunity to discuss Nitrous Oxide in conjunction with my dental care, and have had an opportunity to ask questions. I am fully satisfied and ready to proceed in light of the answers I received.
- \_\_\_\_\_ 7. I have informed the doctor of my complete medical history including any recent surgeries or changes in my medical history involving lung, respiratory, ear infection or common cold.
- \_\_\_\_\_ 8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication. I must notify the doctor of my present mental and physical condition. I must notify the doctor if I have recently consumed alcohol, or used any recreational drugs. I must inform the doctor of all my past and present medications including, but not limited to, any herbal or vitamin supplements or any psychiatric mood altering drugs.

Patient's Signature (or Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_