



Dr. John L. Gage

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**INFORMED CONSENT for NITROUS OXIDE-OXYGEN SEDATION**

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dr. Gage has recommended that your child be given nitrous oxide/oxygen (laughing gas) to breathe during dental treatment to help reduce fear and apprehension.

Nitrous oxide/oxygen is a blend of two gases: oxygen and nitrous oxide. When inhaled, it is absorbed by the body and has a calming effect. Normal breathing eliminates nitrous oxide/ oxygen from the body. When breathing nitrous oxide/oxygen, your child will smell a sweet pleasant aroma and experience a sense of well-being. If your child is worried by the sights, sounds, or sensations of dental treatment, he or she may respond more positively with the use of nitrous oxide/oxygen.

Nitrous oxide/oxygen is very safe, perhaps the safest sedative in dentistry. It is non-addictive. It is mild, easily taken, and quickly eliminated by the body. Your child remains fully conscious – keeps all natural reflexes – when breathing nitrous oxide/oxygen.

**INSTRUCTIONS:** Your child should eat little or no food before the dental visit. (Occasionally, nausea or vomiting occurs when a child has a full stomach.) Dr. Gage should be informed about any respiratory condition that makes breathing through the nose difficult for your child. It may limit the effectiveness of the nitrous oxide/oxygen. Tell Dr. Gage if your child is taking any medication on the day of the appointment.

All children are not alike. Every service is tailored to your child as an individual. Nitrous oxide/oxygen is not effective for some children, especially those who have severe anxiety, nasal congestion, extensive treatment needs or discomfort wearing a mask. Nitrous oxide/oxygen fees may not be covered by your dental insurance.

**TREATMENT CONSENT** The use of nitrous oxide/oxygen as well as any dental treatment required has been fully explained to me. I have given Dr. Gage a complete review of my child's medical history. I consent to treatment of my child as explained above and all my questions have been answered.

Patient Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_