

# Avery Ranch Dental

## Consent for Nitrous Oxide and Conscious Sedation

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

\_\_\_\_\_  
Date

**PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.**

\_\_\_\_\_ 1. DRUGS AND MEDICATIONS:

I understand that antibiotics, analgesics, anesthetics and other medications can cause allergic reactions, resulting in redness and swelling of tissues, itching, pain, nausea and vomiting or more severe allergic reactions which, although rare, can lead to death. I have informed the doctor of any known allergies. Certain medications may cause drowsiness and it is advisable not to drive or operate hazardous equipment when using such drugs.

\_\_\_\_\_ 2. RISKS OF DENTAL ANESTHESIA:

I understand that pain, bruising and occasional temporary or sometimes-permanent numbness in lips, cheeks, tongue or associated facial structure can occur with local anesthetics. About 90% of these cases resolve themselves in less than 8 weeks. Although very rarely needed, a referral to a specialist for evaluation and possibly treatment may be needed if the symptoms do not resolve.

\_\_\_\_\_ 3. NITROUS OXIDE AND CONSCIOUS SEDATION:

I understand nitrous oxide and/or conscious sedation can be used as a supplement to local anesthesia. I understand that the use of nitrous oxide and/or conscious sedation, although usually safe and without lasting consequences, may affect me differently. I am prepared to deal with any undesirable side effects and understand the possible complications. These may include but not limited to nausea, vomiting, allergic reactions, seizure, breathing difficulties, brain damage, stroke or heart failure. I further understand that complications may require hospitalization and may even result in death.

\_\_\_\_\_ 4. CHANGES IN TREATMENT PLAN:

I understand that during treatment it may be necessary to change or add procedures because of conditions discovered during treatment that were not evident during examination. I authorize my doctor to use professional judgment to provide appropriate care.

\_\_\_\_\_ 5. I understand Nitrous Oxide is not for use in pregnant women and certify that I am not currently expecting.

I understand that the treatment plan and fee proposed are subject to modification, depending upon unforeseen or undiagnosed conditions that may be recognized only during the course of treatment.

**CONSENT: My signature below signifies that I understand the treatment and anesthesia that is proposed for me, together with the known risks and complications associated with that treatment. I hereby give my consent for the treatment I have chosen.**

\_\_\_\_\_  
Patient's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date