

# NITROUS OXIDE INFORMED CONSENT

I \_\_\_\_\_ hereby authorize Dr. Freedman, or his designated Assistants or other Health Care Providers to perform inhalation Nitrous Oxide/ Oxygen conscious analgesia for myself.

1. I accept & understand that Nitrous Oxide is an elective additional Office procedure, and not absolutely required to perform the \_\_\_\_\_ procedure. Alternatives include local anesthetic only, oral sedation (which has lasting effects), or general/spinal anesthetic at the Hospital . I understand that Dr. Freedman (or other Health Care provider) has recommended Nitrous Oxide analgesia as the best & safest choice to assist in my comfort during my Office procedure. A Local anesthetic will also be used.
2. I understand that Nitrous Oxide is safe, commonly used in Dental procedures, & is called “laughing gas”; which provides mild **analgesia** (pain relief), mild **sedation** (so you feel relaxed), and mild **amnesia** (so you temporarily have reduced memory recall of the procedure). I understand that I will be fully awake & conscious, aware of my surroundings, and be able to respond appropriately to questions and directions. I understand that I will be responsible for holding the mask over my own face during the procedure. I understand that the effects of Nitrous Oxide wear off very rapidly, so there should be no lasting sedative effects.
3. I accept that I have been advised of the possible complications associated with Nitrous Oxide use , which include, but are not limited to:
  - a) Nausea & possible vomiting – this occurs in only 2% of people (less than oral narcotics), and for that reason we strongly recommend that **you do not have any food or drink for 2 hours prior to the procedure.**
  - b) Temporary warm feeling (flushing/blushing), or tingling in fingers, toes, and head or neck area.
  - c) Temporary “out of body” sensation.
4. I understand that the provision of Nitrous Oxide can be terminated at any time during my procedure at my request, and under my control.
5. I understand that Nitrous Oxide has **NO** Cardiac (heart) risks , or interaction with heart medications.
6. I understand that the breathing delivery system for Nitrous Oxide/Oxygen is designed with multiple fail safe systems, and has decades of safe use during millions of Dental and Pediatric procedures, and that Dr. Freedman (or his designates) have been trained & certified in the safe use of this.
7. I understand that I will be responsible for the added costs of this procedure, as it is not paid by Insurance.

I hereby certify that I understand the benefits (reason for the Nitrous Oxide procedure), & associated risks. I understand that every effort will be made on my behalf for a positive experience, but that no guarantees have been made as to the results.

\_\_\_\_\_

Date

\_\_\_\_\_

Patient ‘s Signature or mark, or Signature of a Chosen Health

Care Proxy , or Power of Attorney \_\_\_\_\_