VIVA DENTAL

NITROUS SEDATION DENTISTRY

Informational Informed Consent

The purpose of this Informed Consent Form is to provide an opportunity for patients (and/or their guardians) to understand and give permission for the use of nitrous oxide alongside dental treatment. After any discussion and questions about this form, please sign and date below

1) I accept and understand that Nitrous Oxide (commonly referred to as “laughing gas”) provides relaxation for dental procedures. I will be awake, fully conscious, aware of my surroundings, and able to respond rationally to inquiries and directions.
2) I accept and understand that the use of Nitrous Oxide is not required to provide the necessary dental care. I also understand what alternative treatments are available (no sedation, fear counselling, oral sedation, referral to for IV sedation or general anesthesia) and the advantages and disadvantages of each.
3) If, during the procedure, a change in treatment is required, I authorize my doctor to make whatever change he deems necessary in his professional judgment.
4) I accept and understand that Nitrous Oxide will be administered by way of inhalation.
5) The use of Nitrous Oxide has been fully explained to me, including all risks involved. I have been fully informed of the temporary complications, which could include: heaviness in the thighs and/or legs, hyperactivity, detachment or disassociation from environment, intense warm and/or hot feeling throughout the body, lightweight or floating sensation with accompanying “out of body” sensations, sleepiness, sluggishness in motion, slurring and/or repetition of words, laughing and/or crying, nausea, vomiting, agitation, and/or hallucinations. These complications are temporary.
6) I do not have Chronic Obstructive Pulmonary Disease (COPD), emphysema, a cold or flu, pneumonia or upper respiratory infection, nor am I pregnant.
7) I understand that I must notify the doctor if: (1) I am pregnant (2) have sensitivity to any medications (3) have recently consumed alcohol and/or (4) am presently on psychiatric mood-altering drugs or other medications.
8) I have had the opportunity to discuss Nitrous Oxide sedation in conjunction with my dental care with my dentist, have had an opportunity to ask questions and am fully satisfied with the answers I have received.

Patient / Guardian Print Name	**Patient / Guardian Signature**	**Date**
Dentist Print Name	**Dentist Signature**	**Date**