PINE TREE
PEDIATRIC DENTISTRY

Dr. Tesha Waggoner, DMD
5415 SW WESTGATE DR. #207
PORTLAND, OR 97221
503-292-9274

NITROUS OXIDE INFORMED CONSENT FORM

Patient Name: _____ DOB_____

The purpose of this informed consent form is to provide an opportunity for patients (and/or their parents/guardians) to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment.

1. I understand that Nitrous Oxide is commonly called "laughing gas" and provides relaxation, and your child will be awake and fully aware of their surroundings, and respond rationally to inquiries and directions.
2. I understand that the use of Nitrous Oxide is not required to provide the necessary dental care.
3. I understand that the purpose of Nitrous Oxide is to make it more comfortable for my child to receive the necessary dental care with less pain and/or anxiety. I also accept and understand that the use of Nitrous Oxide has limitations and risks and absolute success cannot be guaranteed. (See also #6, below.)
4. I understand that Nitrous Oxide will be administered by way of the inhalation route.
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 to: tingling in the fingers, toes, cheeks, lips, tongue, head or neck area; heaviness in the thighs/or legs, followed by a lighter floating feeling; resonation in the voice or presence of a hyper nasal tone; warm feeling throughout body, with flushed cheeks; episodes of uncontrollable laughter or giddiness; detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout body; 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 hallucination. **All of these complications are temporary.**
6. **I have had the opportunity to discuss the Nitrous Oxide in conjunction with my child's dental care, to ask questions, and am fully satisfied with the answers I received.**
7. I have informed the dentist of my child's complete medical history including any recent surgeries or changes in my child's medical history involving lung, respiratory, ear infection, Cystic Fibrosis, b12 deficiency, bronchitis, MTFR deficiency, glaucoma or common cold. I also accept and understand that I must notify the dentist of my child's mental and physical condition.

_____ _____

Signature of Patient (or Parent/Guardian): Date: