

NITROUS OXIDE INFORMED CONSENT FORM

Patient Name: Pranish alikunjaman DOB: _____

The purpose of this Informed consent is to provide an opportunity for patients (and/or their parents or guardians) to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment. Each item should be initiated after the patient (and/or parent or guardian) has had the opportunity for discussion or questions.

1. I accept and understand that Nitrous Oxide is commonly called "laughing gas" and provides relaxation, although your child will be awake, fully conscious aware of their surroundings, and they are able to respond rationally to questions and directions.
2. I accept and understand that the use of Nitrous Oxide is not required to provide the necessary dental care.
3. I accept and 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 accept and understand that Nitrous Oxide will be administered by way of the inhalation route.
5. I accept and understand that the alternatives to Nitrous Oxide are:
 - _____ a. No Nitrous Oxide: The necessary procedure is performed under local anaesthesia only.
 - _____ b. General Anaesthesia: Commonly GA, a child under general anaesthesia has no awareness and must have his/her breathing temporarily supported. General anaesthesia is appropriate for more invasive procedures.

Pranish