



DENTISTREE DENTAL CLINIC

NITROUS OXIDE INFORMED CONSENT FORM

Patient details

Patient Name	:	Maryam Zolfigol	Reg #	:	3855
Gender	:	Female	Nationality	:	Thai
DOB/Age	:	20-Aug-2020	Mobile #	:	0505266648
Email	:		Facebook A/c	:	

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.
6. 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 of: tingling in the fingers, toes, cheeks, lips, tongue, head or neck area; heaviness in the thighs/or legs, followed by a lighter floating feeling; resonance 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 ward and/or hot feeling throughout body; light weight 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 these complications are temporary.**
7. I have had the opportunity to Nitrous Oxide in conjunction with my child's dental care, and have had the opportunity **to ask questions**. and am fully satisfied with the answers I received.
8. accept and understand that I must follow all recommended instructions.
9. I have informed the doctor of my child's complete medical history including any recent surgeries or changes in my child's medical history involving lung, respiratory, ear infection or common cold. I also accept and understand that I must notify the doctor of my child's mental and physical condition.

Maryam Zolfigol

Patient's name

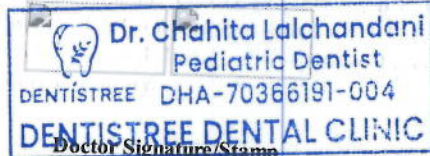
Signature of Patient Legally authorized Representative

01-Jul-2024

Date

Chahita Lalchandani

Doctor Name



01-Jul-2024

Date