



**DENTISTREE**  
DENTAL CLINIC

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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; 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 ward 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 these complications are temporary.**
7. **I have had the opportunity to discuss 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. I 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.

PARENT/GUARDIAN SIGNATURE P P T DATE 01/4/24

