



Redcliff Family Dental Nitrous Oxide Sedation Consent for Patients over 12 Years Old

Please initial each item, write your name, sign and date at the bottom of the document:

____ 1. I understand that the purpose of Nitrous Oxide (laughing gas) Sedation is to improve comfort during dental treatment and is not required to provide the necessary dental care. I understand this form of sedation has limitations and risks, and absolute success cannot be guaranteed.

____ 2. I understand that Nitrous Oxide Sedation is a drug-induced state of reduced awareness and decreased ability to respond. Nitrous Oxide Sedation is not sleep inducing. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.

____ 3. I understand that the alternatives to conscious sedation are: No sedation, Oral Conscious Sedation, Intravenous Sedation (requires a referral) and General Anesthetic (requires a referral).

____ 4. I understand that the administration of medication and the performance of conscious sedation with Nitrous Oxide carries certain common hazards, risks, and potential unpleasant side effects which are infrequent, but nonetheless, may occur. They include but are not limited to the following:

- a. Nausea and Vomiting: This is the most frequent of the side effects. It is important to tell your provider that you are experiencing some discomfort so we can adjust the level of Nitrous Oxide to reduce this risk.
- b. Excessive Perspiration: Sweating may occur during the procedure and you may become somewhat flushed.
- c. Behavioral Problems: Some patients will talk or laugh excessively or experience vivid dreams.
- d. Shivering: Although not common, shivering can be quite uncomfortable and usually develops at the end.
- e. Driving a Motor Vehicle: You may not feel capable of driving after Nitrous Oxide. If this occurs, we will keep you until you feel better or arrange for a friend or cab to ensure your safety.

____ 5. I understand that I must notify the doctor if there are any changes to my medical health, medications, if I am pregnant, or if I am lactating. I must notify the doctor of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications. I certify that I have BMI less than 40 and have consulted with the dentist regarding my current medical status.

____ 6. I understand I will not take any sedatives on the day of my appointment.

____ 7. I have had the opportunity to discuss Nitrous Oxide Sedation and have had all my questions answered by a qualified personnel including the doctor.

____ 8. I understand I must follow the pre-operative instructions provided to me. I must fast for **a minimum of 6 hours from a light meal**, and **a minimum of 2 hours from clear fluids** before my appointment time.

I ACKNOWLEDGE THAT A **CANCELLATION CHARGE OF \$150** WILL APPLY IF VIOLATION OF THE PREOPERATIVE INSTRUCTIONS LEADS TO CANCELLATION OF THE SCHEDULED TREATMENT AND/OR IF I FAIL TO PROVIDE 24 HOURS NOTICE FOR CANCELLATIONS/CHANGES.

I hereby certify that I understand this authorization and the reasons for Nitrous Oxide Sedation and associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made on my behalf for a positive outcome from sedation, but no guarantees have been made to the result of the procedure authorized above.

Patient's Name and Signature

Date

Dentist's Name and Signature

If you have any questions or concerns, please contact our office: (403) 548-7074