

OPEN & AFFORDABLE DENTAL BRACES

BP: ____ / ____ HR: ____ BPM

CONSENT FOR NITROUS OXIDE

Patient's Name: _____

_____ 1. **Risks and Complications:** While nitrous oxide is generally safe, there are some potential side effects, including:

- Nausea and vomiting
- Dizziness and drowsiness
- Tingling in fingers, toes, cheeks, lips, tongue, head, or neck area
- Warm feeling throughout the body with flushing
- Episodes of uncontrollable laughter or giddiness
- Detachment or disassociation from the environment
- Sluggishness in motion and slurring of speech

_____ 2. **Preoperative Guidelines:**

- Avoid eating at least 4 hours before the appointment.
- Avoid caffeinated products before coming in for treatment.
- Inform the dentist if you have any medical conditions or are taking any medications.

_____ 3. **During Use:**

- The mask must remain firmly in place during the entire period.
- Breathe through the nose only.
- Do not talk while nitrous oxide is being used.

_____ 4. **Postoperative Guidelines:**

- Recovery from nitrous oxide sedation is rapid.
- The gas will be flushed from your system with oxygen.
- If you feel dizzy after the sedation, remain seated until the sensation passes.

_____ 5. **Alternatives:**

- You may choose not to use nitrous oxide and complete your dental treatment without any sedation.
- You may be referred to a specialist for deeper sedation if needed.

CONSENT

I have read and understand the information provided above. I consent to the use of nitrous oxide during my dental treatment.

Patient's (or Legal Guardian's) Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____