

CONSENT FORM FOR USE OF NITROUS OXIDE DURING DENTAL PROCEDURES

1. I authorize and direct Dr. Braun to perform dental treatment under nitrous oxide /oxygen sedation.
2. I understand, through discussions with Dr. Braun and his staff the nature and purpose of this procedure. I also understand what alternative treatments are available and the advantages and disadvantages of each, including no treatment. The alternative treatments that have been discussed are: no sedation, fear counseling, sedation with oral Valium or Halcion, referral to a dentist who will use IV sedation or general anesthesia including going to a hospital for a general anesthetic.
3. I understand that there are various risks, consequences, or complications that may result from performing this procedure. I acknowledge that some of the risks, consequences, or complications include, but are not limited to: nausea, hallucinations, amnesia of the procedure, hyperactivity (being more active than normal), dizziness, loss of coordination, sleepiness, laughing or crying. All should resolve quickly once you are back breathing room air. I understand that I may have to stay in the dental office for a short time after the treatment, or until my mental status has returned to normal.
4. I do not have Chronic Obstructive Pulmonary Disease (COPD), emphysema, a cold or pneumonia or upper respiratory infection, cold or flu, nor am I pregnant.
5. I understand that there is no guarantee that the dental procedure will be successful; the procedure is desired and intended to result in decreased anxiety and improved patient comfort.
6. I understand that local anesthesia (eg, Novocain) may still be required during the dental procedure.
7. I agree that a verbal discussion with Dr. Braun has outlined why the procedure is recommended, what alternative treatments are available, what risks, consequences and complications may result from the procedure, and that all my questions have been answered satisfactorily. I also agree that all blanks above on this consent form were filled in before I was asked to sign it.

Patient Name: _____ Date: _____

Signature: _____

PRE-OPERATIVE INSTRUCTIONS FOR PATIENTS UNDERGOING NITROUS OXIDE & OXYGEN SEDATION

Nitrous oxide is a colorless, slightly sweet gas that is mixed with oxygen for use during dental treatment to cause relaxation and anxiety relief. You will be able to swallow, talk, and cough as needed. Nitrous oxide is administered through a nasal mask. **You must be able to breathe through your nose** (blocked nasal passages, congestion, colds, etc. will limit the effectiveness of the gas). You must also not suffer from claustrophobia.

Please let us know if you have any of the following **medical conditions**:

Congestive Heart Failure, Chronic Obstruction Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Chronic Asthma, Bronchiectasis, Respiratory Diseases, Pneumonia, Middle Ear Infections, Macrocytic Anemia, Diabetes, Recent Eye Surgery, Recent Head (Concussion) Injury, Chemotherapy, Treacher Collins Syndrome, Pernicious Anemia (B12 deficiency), Otis Media.

You should not scuba dive for at least 24 hours leading up to your visit.

You may eat a light meal before your visit. However, nitrous oxide can cause “stomach butterflies” (nausea), which may result in vomiting. On the day of your appointment please be careful to avoid large meals for 4 hours leading up to your visit.

Take all your regular medications unless otherwise instructed by the dentist. Please be sure that you have informed our office of all the medications you are currently taking, including over-the-counter medications, herbals, nutritional supplements, and vitamins.

If you have diabetes, you must have your normal diet before your visit. Also, please schedule your appointment early in the morning.

If the dentist prescribed medication or mouth rinse for you to take before your visit, please use as directed.

Wear loose, comfortable clothing and short sleeves to allow the placement of the safety monitoring equipment (for example, the blood pressure cuff).

You may drive yourself home after surgery. You may choose to have someone drive you home, however in most cases no escort or any special arrangements are required.

FOR FEMALE PATIENTS ONLY: If you are **pregnant, possibly pregnant, or breastfeeding**, please inform the dentist. Surgery and anesthesia may potentially complicate the pregnancy or harm the fetus. Please contact your physician if you wish to rule out pregnancy before surgery.

PLEASE CALL OUR OFFICE IF YOU HAVE ANY QUESTIONS.