



## LONGBRANCH

Dental Center

**Ronald D. Weeks, D.D.S. INC.**

### CONSENT FOR NITROUS OXIDE - OXYGEN SEDATION

*The following is provided to inform our patients of the choices and risks involved with having treatment sedation. The information is not presented to make patients more apprehensive but to enable them to be better informed concerning their treatment.*

The choices for pain and anxiety management are basically three: local anesthesia alone, conscious sedation, or general anesthesia vary. Of the three, local anesthesia is usually considered to have the least risk and general anesthesia the greatest risk. However, it must be noted that local anesthesia sometimes is not appropriate for every patient and every procedure.

I, \_\_\_\_\_, hereby authorize and request the student, resident, and/or faculty of Longbranch Dental to perform the nitrous oxide/oxygen inhalation sedation as explained to me.

I have been informed and understand that, although infrequent, complications may result from the administration of N<sub>2</sub>O/O<sub>2</sub> including but not limited to: nausea, vomiting, allergic reaction, and fluctuations in breathing pattern, heart rhythm, and/or blood pressure. I further understand and accept that, although unlikely, complications may result in hospitalization, brain damage, stroke, heart attack, paralysis, or even death. I consent that in the event of an emergency that whatever procedures are necessary to manage the situation may be performed.

I understand that anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the provider of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the reasons I understand that I must inform the provider if I am a nursing mother.

I have been fully advised of and completely understand the alternative to nitrous oxide/oxygen sedation and accept the possible risks and dangers. I acknowledge the receipt of and understand both the preoperative and postoperative anesthesia instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my sedation and am satisfied with the information provided to me.

Patient: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature Parent/Legal Guardian MO DAY YR

Witness: \_\_\_\_\_  
Signature