



IMPRESSIONS DENTAL

5970 S. COOPER RD. STE #1 CHANDLER, AZ 85249 • (480) 814-8888

Dental Treatment Consent Form Nitrous Oxide

I, _____, understand that I have requested the use of nitrous oxide (laughing gas) at my dental visit today. I understand that this service will not be covered by my dental insurance and that I will be responsible for payment in full upon completion of each dental visit. The fee for nitrous oxide is \$_____ per half hour of use and will be my financial responsibility upon check-out today.

I understand that nitrous oxide may or may not be listed on my Treatment Plan and that the fee for nitrous oxide is in addition to the estimated costs listed on my Treatment Plan.

I understand that the administration of medication and the performance of conscious sedation with nitrous oxide carry certain common hazards, risks, and potential unpleasant side effects which are infrequent, but nonetheless, may occur. These include but are not limited to the following:

- Sweating may occur during the procedure and you may become somewhat flushed during administration of nitrous oxide. Although not common, shivering can be quite uncomfortable. Shivering usually develops at the end of the sedative procedure when the nitrous oxide has been terminated.
- Nausea and vomiting is the most frequent of the side effects of nitrous oxide sedation but its frequency is still quite low. It is important to tell the doctor, hygienist, or assistant that you are experiencing some discomfort. The level of nitrous oxide can be adjusted to eliminate this side effect.

Patient Name: _____

Patient and/or Guardian Signature: _____

Date: _____