

HP HIGHLAND PARK ENDODONTICS

Practice Limited to Endodontics
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Nitrous Oxide/ Oxygen Inhalation Sedation Patient Consent Form

To help lower your anxiety during dental treatment and contribute in making your appointment(s) more pleasant, inhalation (breathing) sedation using a combination of nitrous oxide (sometimes called laughing gas) and oxygen (hereafter N₂O) is available. Typically most patients find the nitrous oxide to be effective at controlling their anxiety with little to no ill effects. However, in some cases, the level of effectiveness can be unpredictable and in rare cases patients may experience undesirable reactions to N₂O despite our best efforts to minimize this from happening. These problems include – but are not limited to – nausea and vomiting, allergic reactions, breathing problems, heart problems and blood pressure problems. On very rare occasions, patients have had to be hospitalized with a life- threatening problem.

FEMALES:

If you suspect you are pregnant, it is critical that you inform us immediately! The use of N₂O is a possible risk to your unborn baby; therefore we advise AGAINST the use N₂O during pregnancy. There is a risk for sudden miscarriage or loss of the baby if you use nitrous oxide during your pregnancy.

I understand that I should not eat or drink 4 hours prior to using N₂O to reduce the possibility of undesirable reactions mentioned above, particularly nausea and vomiting.

I (We) have read the above and was/were given the opportunity to ask additional questions. I (we) freely give my (our) informed consent for the use of nitrous oxide/oxygen during dental treatment at Highland Park Endodontics. I (we) understand that no guarantees are made regarding any medical or mental results associated with use of this sedation technique.

Patient Signature _____ Date _____

Patient Printed Name _____

____ Check if you are the parent or guardian of the named patient (if patient is under 18 years old)
Guardian's Signature _____ Contact #: _____

Printed Name _____ Relationship _____

HPE Representative _____

Form of Payment: MC, VS, Check, Cash, Care Credit

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