INFORMED CONSENT CROWN & BRIDGE

INFORMED CONSENT



Informed consent for nitrous oxide sedation

		/ /
	Patient name	Date
inhaled, it can induce fee	ess, slightly sweet gas that is used during dental treatmelings of euphoria and sedation. It also can produce serout the mouth. In the dental setting, it will not induce use.	nsations of drowsiness, warmth and tingling in
oxide: congestive heart for asthma, bronchiectasis, p	have any of the following medical conditions, because allure, chronic obtrusive pulmonary disease (COPD), oregnancy, hepatitis B or C, tuberculosis, macrocytic and a history of substance abuse. Also, if you suffer from the	chronic bronchitis, emphysema, chronic nemia, immune diseases, respiratory diseases,
colds, etc., defeat the ide ment. Avoid caffeinated p which may result in vom	tered through a nasal mask. You must be able to breath a of using nitrous oxide for relaxation). Avoid eating a products before coming in for treatment. Nitrous oxid iting. On the day of your appointment, do not take any es unless prescribed by your dentist.	t least four hours prior to the dental appoint- e can cause "stomach butterflies" (nausea),
only. Notify the doctor if	firmly in place during the entire period. Do not breather you are experiencing difficulty in breathing through ying blows nitrous oxide into the room, lessening the definition of the room.	your nose. No talking is allowed while nitrous
the sedation, remain seat	s xide sedation is rapid. The gas will be flushed from yo ed and the sensation should pass in a few minutes. Do ion (i.e., walk and drive) safely.	
Alternatives to nitrous of You may choose not to u referred to a specialist fo	se nitrous oxide and complete your dental treatment we r deeper sedation if you feel you require it. If your den dative or a pill that will relieve your anxiety. This cons	rithout any treatment for anxiety. You may be atist feels this is an option for you, you may
I understand the previous	s statements and have had my questions answered.	
Patient signature/legally	authorized representative	
Relationship	Printed name if signed on behalf of the	patient

Doctor signature