

Nitrous Oxide/Oxygen Sedation Consent Form

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CONSENT FOR OPERATION / PROCEDURE

Nitrous Oxide/Oxygen Sedation Consent Form

I, the patient, with the Name, NRIC above, satisfied that the nature, effects of which, and the risks of the proposed and alternative course of action have been explained to me by attending doctor

I understand that:

1. the purpose of nitrous oxide/oxygen sedation (commonly known as laughing gas) is to more comfortably receive necessary care. Nitrous oxide/oxygen is not required to provide the necessary dental care.
2. I have been advised of alternative treatment, the benefits and risks which include but are not limited to: Fear and anxiety of the dental experience and/or avoidance of future dental appointments. These fears and anxiety, if not diminished by the use of nitrous oxide sedation, may precipitate other medical problems including minting, palpitation am other heart-related disorders.
The benefits one can expect from nitrous oxide sedation include:
Help with anxiety and pain, gagging and medically compromised individual.

I understand that:

1. sedation with nitrous oxide/oxygen has limitations and risks, and absolute success cannot be guaranteed.
2. I understand that nitrous sedation is a drug-induced state of reduced awareness and decreased ability to respond. Nitrous oxide sedation is not sleep. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
3. the administration of medication and the performance of conscious sedation with nitrous oxide carries certain hazards, risks, and potential unpleasant side effects which are infrequent, but nonetheless, may occur. They include but are not limited to the following:
 - I. Excessive Perspiration: Sweating may occur during the procedure and you may become somewhat flushed
 - II. during administration of nitrous oxide.
 - III. Expectorator: Removal of secretions may be difficult but can be controlled by use of suction tip.
 - IV. Behavioral Problems: Some patients will talk excessively. You may become difficult to treat because you are so talkative, or experience vivid dreams; associated with physical movement of the body.
 - V. Shivering: Although not common, shivering can be quite uncomfortable. Shivering usually develops at the
 - VI. end of the sedative procedure when the nitrous oxide has been terminated.
 - VII. Nausea and Vomiting: This 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 experience some discomfort. The level of nitrous oxide can be adjusted to eliminate this side effect.
 - VIII. Driving a Motor Vehicle: You may not feel capable of driving after nitrous oxide. If this occurs, we will keep you until you feel better or have you call a friend or cab to insure your safety.

Alternatives:

I understand that the alternatives to conscious sedation are:

- a) No sedation: The treatment is performed under local anesthetic with the patient fully aware.
- b) Oral Conscious Sedation: Sedation via a pill form that will put the patient in a minimally depressed level of consciousness.
- c) Intravenous Sedation: Injection of the sedative in a tube connected to a vein in my arm.
- d) General Anesthetic: Commonly called deep sedation or "sleep dentistry", a patient under general anesthetic has no awareness and must have their breathing temporarily supported.

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I hereby certify that I understand this authorization and the reasons for the above named sedative procedure am associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made in my behalf fur a positive outcome from sedation, but no guarantees have been made to the result of the procedure authorized above.

I have had the opportunity to discuss conscious sedation and have all my questions answered by qualified personnel including the doctor.

I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.

I hereby certify that I understand this authorization and the reasons for nitrous oxide/oxygen sedation and associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made in my behalf for a positive outcome from sedation, but no guarantees have been made to the result of the procedure authorized above.

PATIENT'S REGISTRATION NUMBER: DATE OF THIS FORM GIVEN TO PATIENT: Patient's Full Name: Chinese Name (if any): Christian Name (if any):	<div style="border: 1px solid black; border-radius: 15px; height: 80px; margin: 10px auto; width: 80%;"></div> Signature: X Signature Date:
Guardian of the Patient (Required if the patient is less than 21 years of age or an adult that unable to give consent.) (Admitted: I declare that I am the rightful guardian and have the legal authority to sign this on behalf of the above named patient) Full Name: NRIC: Relationship to Patient:	Signature: X Date:
Doctor s in charge/Dentist's Name	<input checked="" type="checkbox"/> Dr. Leong Chee San BDS(Malaya), MFGDP(UK), MCLinDent(Prosthodontics)(London), MFDS RCS(Edinburgh), AM(Mal), PG. Dip. Implant (UCLAN), FICCDE National Specialists Register No: 128515 Any other dental surgeons registered under the Dental Act/Bill
DECLARATION BY THE DOCTOR: I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient. I have given the patient an opportunity to ask questions and I have answered these.	Doctor/Dentist: Signature: Date: Witness's Name: Signature: <input type="checkbox"/> Date:
INTERPRETER'S DECLARATION: (Optional) I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor.	Interpreter's Name Signature Date:

