

**CONSENT FORM FOR USE OF
NITROUS OXIDE AND LOCAL ANESTHESIA**

Patient Name: _____ D.O.B.: _____

I, _____, give my consent to the use of local anesthesia or nitrous oxide/oxygen that the dentist may deem necessary or advisable so as to enable the providers of the service to render dental treatment as indicated on my examination chart, which I acknowledge, by my signature below, has been previously explained to me. Additionally, any other procedure deemed necessary or advisable as a corollary to the planned treatment for the above named individual, with the exception of: (if none, so state)

I have been informed and understand that occasionally there are complications involved in this type of treatment and/or use of these types of drugs or anesthetic agents; including but not limited to: numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reactions, brain damage, stroke, or heart attack. I further understand and accept that complications may require hospitalization and may even result in death.

The undersigned doctor has discussed with me, to my satisfaction, these complications. I acknowledge the receipt of and understand the preoperative and postoperative instructions. The treatment and anesthesia procedures have been explained to me, to my satisfaction; along with possible alternative methods and their advantages and disadvantages; risks, consequences, and probable effectiveness of each as well as the prognosis of no treatment is provided. I understand that the use of restraints may be necessary during dental treatment with conscious sedation as a safety measure.

I acknowledge that prior to my execution of this consent, I have read this consent and understand, to my satisfaction, the procedure to be performed and accept the possible risks.

Patient
Signature: _____

Legally responsible parent/guardian (if minor): _____

Date: _____

Witness: _____ Date: _____

I certify that I explained the above procedures to the parent or guardian before requesting their signature.

Dentist Date: _____

