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Better Health through Dentistry.

Informed Consent for Nitrous Oxide

This **Informed Consent** provides patients (and/or parents or guardians) the opportunity to understand and give our office permission for the use of Nitrous Oxide during chosen dental procedures. Please initial each line below.

_____ I accept and understand the Nitrous Oxide is administered by way of inhalation. Nitrous Oxide provides relaxation while in a fully conscious state with awareness of surroundings and maintains my ability to respond to directions.

_____ I accept and understand that the use of Nitrous Oxide is not required to provide necessary dental care. The purpose of Nitrous Oxide is to make dental appointment more comfortable with less anxiety and/or pain. I also accept and understand that the use of Nitrous Oxide has limitations, risks, and success cannot be guaranteed.

_____ The use of Nitrous Oxide has been fully explained to me, including all risks involved. I have been fully informed that temporary side effects may include: tingling throughout the body, heaviness in legs, lightweight floating sensation, changes in voice tone, slurring of words, flush cheeks, uncontrollable laughter, detachment or disassociation of surrounding environment, sluggishness, nausea, vomiting, and/or hallucination.

_____ I accept and understand that the alternatives of Nitrous Oxide are:

-**Decline Nitrous Oxide:** The procedure will be performed under a local anesthetic only.

-**Oral Conscious Sedation:** Sedation by a medication that places me in a minimally depressed level of consciousness with reduced anxiety.

-**Intravenous Sedation/General Anesthetic:** Intravenous deep sedation where you are placed under general anesthetic and have no awareness while breathing is temporarily supported.

_____ I have informed Dr. Johnson of my complete medical history including recent surgeries and medications. I accept and understand that it is my responsibility to inform the doctor if I am pregnant, have sensitivities or allergies to medications, and/or have recently consumed alcohol or recreational drugs.

Instructions:

- **Food and water should not be consumed within 8 hours of the procedure.**

-**Smoking should be ceased 6 hours prior to the procedure.**

-**Patients requiring pre-medication should contact our office 24 hours prior to procedure for medication instructions and/or prescription refills.**

-**Minor patients must be accompanied by a parent or guardian.**

I have had the opportunity to discuss the Nitrous Oxide in conjunction with my dental care, and have had the opportunity to ask questions. I accept and understand that I must follow all recommended instructions.

Signature: _____

Date: _____

Printed Name: _____