**Tooth Story Nitrous Oxide (Laughing Gas) Consent**

I hereby give permission for Dr. Emilie McClellan and staff to perform nitrous oxide sedation for my child.

**Patient Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I accept and understand that nitrous oxide is commonly called laughing gas and provides relaxation. I understand that my child will be awake, fully conscious, aware of his/her surroundings and able to respond rationally to direct questions and directions.
2. Nitrous oxide sedation is used for anxiety, pain control and to lessen the gag reflex.
3. I understand that the administration of nitrous oxide carries certain common hazards, risks and potential unpleasant side effects which are infrequent, but nonetheless, may occur. They include but are not limited to the following:
	1. Nausea and Vomiting: This is the most frequent side effect of nitrous oxide sedation but its frequency is still quite low. Please do not allow your child to eat a **HEAVY** meal at least 3 hours prior to their appointment.
	2. Temporary tingling in the fingers, toes, lips, etc.
	3. Temporary warm feeling, accompanied with perspiration and blushing.
	4. Temporary detachment or “out of body” sensation.
4. For some patients, nitrous oxide sedation may not calm them adequately to allow a dental procedure to be done well. These patients may require a different sedation technique.
5. I understand nitrous oxide sedation is commonly not a covered benefit with my insurance company and I will be responsible for the fee.

I hereby certify that I understand this authorization and the reasons for the above named sedative procedure 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 child’s behalf for a positive outcome from sedation, but no guarantees have been made.

**Signature of Parent or Legal Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_