



CYPRESS ENDODONTICS
PRESERVING YOUR ROOTS FOR THE FUTURE

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Nitrous Oxide/Oxygen Sedation Consent Form

1. I understand that the purpose of nitrous oxide sedation is to more comfortably receive necessary care. Nitrous oxide/oxygen is not required to provide the necessary dental care. I understand that 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. 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, a patient under general anesthetic has no awareness and must have their breathing temporarily supported.

4. I understand that the administration of medication and the performance of conscious sedation with nitrous oxide carries certain common hazards, risks, and potential unpleasant side effects may occur. They include but are not limited to the following:

a. 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 or assistant that you are experiencing some discomfort. The level of nitrous oxide can be adjusted to eliminate this side effect.

b. Excessive Perspiration: Sweating may occur during the procedure and you may become somewhat flushed.

c. 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.

d. Shivering: Although not common, shivering can be quite uncomfortable. Shivering usually develops at the end of the sedative procedure when the nitrous oxide has been terminated.

e. 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.

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

6. 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.

Signature of patient/guardian _____ Dated: _____

Name of patient/guardian _____ Patient's Height: _____ Weight: _____

Signature of witness _____