

Nitrous Oxide Consent

I accept and understand that nitrous oxide, which is commonly called laughing gas, provides relaxation and relieves anxiety. My child will be fully awake, fully conscious and aware of their surroundings and able to respond rationally to inquiries and direction. Nitrous oxide is not used in lieu of local anesthetic, rather in addition to.

The use of nitrous oxide has been fully explained to me including all the risks involved. I have been fully informed that temporary complications may include but are not exclusive to tingling in the fingers, toes, cheeks, lips, tongue or head, heaviness in the legs, followed by a lighter floating feeling, resonance in the voice or presence of a hypernasal tone, a warm feeling throughout the body, flushed cheeks, fits of laughter or giddiness, detachment or disassociation from the environment, lightweight or floating sensation with an accompanying "out of body" sensation, sluggishness in motion, slurring or repetition of words, feeling of nausea, vomiting, agitation and hallucination. ALL of these complications are temporary.

On the morning of the procedure, we suggest that patients eat a light breakfast. After the procedure, children should be monitored for clumsiness as it can take a short period of time for all effects to wear off.

Please be advised that most dental insurances do not cover the use of nitrous oxide. Therefore, you are responsible for the cost of the treatment at the time of the appointment. The cost for nitrous oxide is \$95 per visit.

I have read, understand and give permission for Dr. Coppe to provide routine dental treatment with the use of nitrous oxide on my child as he/she deems necessary and appropriate. **Please present any questions or concerns to us before your child is seated.**

Please Print Name Here

Date

Signature

Date

Michael R. Coppe, DMD
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