LUNAR SMILE DENTISTRY

475 Wharncliffe Rd S, London, ON N6J 2N1
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lunarsmiledentistry.ca

PROCEDURE CONSENT

Consent for Nitrous Oxide/Oxygen Sedation

Before you sign. Read this form carefully and ask us about anything that is unclear before you sign. Your dentist will go over it with you before treatment begins. To fill it in on a computer, open it in Adobe Acrobat Reader (free), then save it and email it to info@lunarsmiledentistry.ca, or print it and bring it to your appointment.

Patient

Patient full name	Date of birth (YYYY-MM-DD)	Phone

What nitrous oxide is

Nitrous oxide, often called laughing gas, is a mix of nitrous oxide and oxygen breathed through a small mask over the nose. It helps the patient feel calm and relaxed during dental care. The patient stays awake, aware of their surroundings, and able to answer questions and follow directions. At the end, the patient breathes pure oxygen and the effects wear off within minutes.

It is used to make dental care more comfortable and less stressful. It does not replace freezing, and it does not work equally well for everyone, so a particular result cannot be guaranteed.

Temporary effects

Any of these can happen while the gas is being used. All of them pass:

- tingling, a heavy feeling, or a light, floating feeling;
- warmth throughout the body and flushed cheeks;
- giggling, or feeling detached or dreamy;
- slow, slurred or repeated speech; and
- nausea, vomiting or, occasionally, agitation. Having only a light meal beforehand helps prevent nausea.

Other options

- **No sedation:** treatment with local anaesthetic (freezing) only.
- **Oral sedation:** medication taken by mouth that leaves the patient mildly drowsy but awake.
- **General anaesthesia:** the patient is fully asleep and unaware, and their breathing is supported.

Health check

Please answer for the patient. Some of these can affect whether nitrous oxide is suitable.

Cold, stuffy nose or trouble breathing through the nose	◯ Yes	◯ No
Recent ear infection or ear surgery	◯ Yes	◯ No
Asthma, COPD or another lung condition	◯ Yes	◯ No
Eye surgery in the past 3 months	◯ Yes	◯ No

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Pregnant or possibly pregnant	○ Yes	○ No
Takes medication for mood, anxiety or sleep	○ Yes	○ No
Past reaction to nitrous oxide or sedation	○ Yes	○ No
Vitamin B12 deficiency	○ Yes	○ No

Details for any "Yes" answer, plus all current medications

Your consent

Please tick each statement to confirm it is true for you.

- ☐ I have read this form, or had it read to me, and I understand it.
- ☐ My dentist has explained the procedure, why it is recommended, the possible risks, and the other options available to me, including no treatment.
- ☐ I have had the chance to ask questions, and my questions have been answered to my satisfaction.
- ☐ I understand that dentistry is not an exact science and that no particular result has been promised or guaranteed to me.
- ☐ I have given an accurate and complete health history, including medications, allergies, past reactions, and pregnancy if applicable.
- ☐ I will tell the dentist about any change in the patient's health before treatment, including colds, breathing or ear problems, medications and pregnancy.
- ☐ I will follow the instructions given before and after sedation.

Consent. I consent to the use of nitrous oxide/oxygen sedation during dental treatment.

Signed by: ○ Patient ○ Parent ○ Legal guardian ○ Spouse / partner ○ Substitute decision-maker

Full name of person signing

Relationship (if not the patient)

Email

Signature

X _____

Date (YYYY-MM-DD)

Sign with the Fill & Sign tool in Adobe Acrobat Reader, or print this page and sign by hand.

For office use

Reviewed with patient by

Witness

Date