
NITROUS OXIDE SEDATION

Patient Name: _____

Introduction:

Nitrous Oxide is a colorless, slightly sweet gas that is used during dental treatment for relaxation and anxiety relief. When inhaled it can induce feelings of euphoria and sedation. It can also produce sensations of drowsiness, warmth, and tingling in the hands, feet, and/or about the mouth. In the dental setting it will not induce unconsciousness. You will be able to swallow, talk, and cough as needed.

Contradictions:

Please let us know if you have any of the following medical conditions, because we may not be able to safely use nitrous oxide if you have one of these conditions: congestive heart failure, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, chronic asthma, bronchiectasis, pregnancy, hepatitis B & C, tuberculosis, macrocytic anemia, immune diseases, respiratory diseases, middle ear infections, and a history of substance abuse. Also, if you suffer from claustrophobia, you may choose not to use nitrous oxide.

Preoperative Guidelines:

Nitrous Oxide is administered through a nasal mask. You must be able to breathe through the nose (blocked nasal passages, colds, etc., defeat the idea of using Nitrous Oxide for relaxation). Avoid eating at least four hours prior to the dental appointment. Avoid caffeinated products before coming in for treatment. Nitrous Oxide may cause "stomach butterflies" (nausea), which may result in vomiting. On the day of your appointment do not take any anti-depressants (unless your dentist is aware of them) or other sedatives unless prescribed by your dentist.

Instructions During Nitrous Oxide Use:

Your mask must remain firmly in place during the entire period. Do not breathe through your mouth. Breathe through the nose only. Notify the doctor if you are experiencing difficulty in breathing through your nose. No talking while Nitrous Oxide is being used. Talking blows off Nitrous Oxide into the room air, lessening the desired effect for you, and exposing the dental staff to the Nitrous effects.

Postoperative Guidelines:

Recovery from Nitrous Oxide sedation is rapid. The gas will be flushed from your system with oxygen. If you feel dizzy after the sedation, remain seated and the sensation usually passes in a few minutes. Do not leave the office until your head feels clear and you are able to function (i.e. walk and drive) safely.

Risks of Nitrous Oxide:

You may feel nauseated, dizzy, drowsy, or claustrophobic during and after sedation.

Alternatives to Nitrous Oxide:

You may choose not to use Nitrous Oxide and complete your dental treatment without any treatment for anxiety. You may choose, if your dentist feels this is an option for you, to take an oral sedative or a pill which will relieve your anxiety. This consent is valid for a period of twelve (12) months. I may withdraw my consent anytime.

I understand the above statements and have had my questions answered.

Patient (Guardian if patient is a minor) _____ Date _____

Witness _____ Date _____

Dentist _____ Date _____

CONSENT FOR DENTAL IMPLANTS

Patient name _____

Date of birth _____

Washington State law guarantees that you have both the right and the obligation to make decisions regarding your health care. Your dentist can provide you with the necessary information and advice, but as a member of the health care team, you must participate in the decision making process. This form will acknowledge your consent to treatment recommended by your dentist.

1. I request and authorize Dr. _____ or his/her associates or assistants to perform the surgical placement of dental implants upon me. This has been recommended to me by my dentist as an option to replace my natural teeth.

Dental implants are metal anchors put inside the jawbone underneath the gumline. Small posts are attached to the implants, and artificial teeth or dentures are fastened to the posts.

Most patients need two surgical procedures to install the implants. The first procedure involves drilling small holes into the jawbone and placing the anchors. A temporary denture may be worn for a few months while the anchors bond with the jawbone and the gums and bone heal. The second procedure will uncover the implants to allow for attachment of the posts. After the posts are in place, the replacement teeth, in the form of a fixed or removable bridgework or denture, are fastened to the posts. Depending upon the condition of the mouth, bone grafting or guided tissue regeneration may also be necessary to install the anchors and posts.

The potential benefits of this procedure include the replacement of missing natural teeth or supporting dentures.

2. I have chosen to undergo this procedure after considering the alternative forms of treatment for my condition, which include no treatment

at all, complete or partial dentures, or fixed or removable bridges. Each of these alternative forms of treatment has its own potential benefits, risks and complications.

3. I consent to the administration of anesthesia or other medications before, during or after the procedure by qualified personnel. I understand that all anesthetics or sedation medications involve the very rare potential of risks or complications such as damage to vital organs like the brain, heart, lungs, liver and kidneys; paralysis; cardiac arrest; and/or death from both known and unknown causes.

4. I understand that there are potential risks, complications and side effects associated with any dental procedure. Although it is impossible to list every potential risk, complication and side effect, I have been informed of some of the possible risks, complications and side effects of dental implant surgery. These could include but may not be limited to the following:

- Postoperative discomfort and swelling
- Bleeding
- Postoperative infection
- Injury or damage to adjacent teeth or roots of the teeth

Continued on other side