

Consent Form: N2O Sedation

The purpose of using N2O sedation ("Laughing Gas") in dental treatment is to reduce the level of stress from the treatment and to increase cooperation on the part of the patient. The gas is inhaled through a nasal mask throughout the treatment. The use of laughing gas is suitable for various dental treatments. The advantage of the use of N2O is that its effect vanishes as soon as it is no longer inhaled.

Name of patient: _____
Last Name First Name Father's Name I.D.

I declare and confirm that I received detailed verbal information from:

Dr. _____
Last Name First Name

regarding the use of N2O sedation during the dental treatment (Hereinafter: the "Principal Treatment"). I was informed of the objectives of the Principal treatment, the treatment techniques and equipment involved. It was explained to me that there are other sedation technique available and I also received information about the advantages and disadvantages of sedation.

I also received explanation concerning the side effects of the Principal Treatment, including nausea, vomiting, weakness, tiredness, desire for sleep, hallucinations and anxiety. These symptoms vanish as soon as the Principal Treatment is terminated.

I am aware and I understand the importance of providing accurate information regarding my health condition and of following all the instructions given to me by the treating staff/doctor, including the need to fast for two hours prior to the beginning of the treatment.

I hereby give my consent to the use of N2O sedation during dental treatment

_____ Date Patient's Signature

_____ Name of Guardian (relationship) Guardian's Signature
(When patient is legally or mentally incompetent, a minor or mentally ill)

I confirm that I explained to the patient/the patient's guardian all the aforementioned in the required details and that he/she signed the consent before me, after I was convinced that he/she fully understood my explanation.

_____ Name of Physician Signature License No.