

**INFORMED CONSENT FOR ANESTHESIA
& DENTAL TREATMENT**



Patient: _____ **Date of Birth:** _____

Please initial the appropriate paragraphs below.

I have been given the opportunity to ask questions about the recommended method of anesthesia and believe that I have sufficient information to give my consent as noted below:

_____ **Option 1: Nitrous Oxide/Oxygen Inhalation Sedation**
Nitrous oxide/oxygen inhalation is a mild form of conscious sedation used to calm an anxious patient. A colorless, odorless gas that has no explosive or flammable properties, it can act as a pain buffer as well. Oxygen is given simultaneously with the nitrous oxide through a small mask placed over the nose. Pure oxygen, given at the end of treatment, is intended to flush the nitrous oxide out of the patient's system and minimize the effects of the gas. The patient is observed while nitrous oxide is administered and until the patient is fully recovered from its effects.
Risks, include but are not limited to: An early effect is an inability to perceive one's spatial orientation and temporary numbness and tingling. Nausea and vomiting may occur. If the patient will not accept the mask, nitrous oxide/oxygen cannot be used.
Potential benefits: The patient remains awake and can respond to directions and questions. Nitrous oxide helps overcome apprehension, anxiety, or fear.

_____ **Option 2: Local Anesthesia**
Anesthetizing agents are infiltrated into a small area or injected as a nerve block directly into a larger area of the mouth with the intent of numbing the area to receive dental treatment.
Risks, include but are not limited to: It is normal for the numbness to take time to wear off after treatment, usually two or three hours. However, it can take longer and rarely the numbness is permanent if the nerve is injured. Infection, paresthesia, dysaesthesia, swelling, allergic reactions, discoloration, headache, tenderness at the needle site, dizziness, nausea, vomiting, and cheek, tongue, or lip biting can occur.
Potential benefits: The patient remains awake and can respond to directions and questions. Pain is lessened or eliminated during the dental treatment.

_____ **Option 3: No Anesthesia**
I refuse to give my consent for anesthesia. I have been informed of and accept the consequences if no treatment is administered because I do not agree to the proposed anesthesia modality. The consequences include, but are not limited to: tooth loss, infection, decay and the need for additional restorations.

Patient or Guardian
Date:

Dentist
Date: