Premier Family Dentistry
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Consent for Behavior Management/Sedation/Nitrous Oxide: Oxygen in Conjunction with Dental Treatment

The following information is provided to help make you better informed so that you may give or withhold your consent for the procedure discussed; it is not meant to scare or alarm you.
Please read consent form carefully and ask about anything that you do not fully understand.

With regard to my child _____, I _____
Patients Name Parent or Legal Guardian

Voluntarily request Dr._____ and other health care providers as he/she deem necessary to treat my child's condition which has been explained to me as dental decay.

I understand and consent to the use of behavior management techniques to facilitate the rendering of necessary dental treatment including but not limited to positive reinforcement, time-out, voice control, sedation and nitrous oxide with oxygen (laughing gas). The proposed sedation procedures have been explained to my satisfaction as:

_____

_____

If I wish any exceptions I have so noted as follows (if you wish no exceptions please write "NONE"):

_____

_____

Alternate forms of treatment, as well as the option to no treatment, have been explained to me with the advantages and disadvantages, risks and probable effectiveness of each. I have been advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as the result or as to cure.

Although their occurrence is extremely rare, some risks are known to be associated with the anesthetic agents including not limited to: nausea, vomiting, breathing problems, or brain damage. The doctor in attendance at Premier Family Dentistry has discussed these possible complications with me to my satisfaction.

I hereby state that I have read and understand this consent, and that all questions about the procedures have been answered in a satisfactory manner.

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Witness Date

I certify that I explained the above procedures to the parent or legal guardian before requesting their signature.

_____ _____
Signature of Dentist Date