

Premier Family Dentistry
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Plano, TX 75023

Informed Consent for N2O/O2 Sedation

I understand that my treatment will include the procedure of N2O/O2 administration.

I, _____, have been informed of the purpose of the procedure and how it will benefit my treatment. The procedure has been described to me and I understand how it will be accomplished. I should feel more relaxed and less anxious.

I understand that certain risk(s) may be associated with this procedure, such as headache, dizziness, nausea, and vomiting. Some patients at high levels of N2O can experience dreaming and hallucinations. I understand the risk(s) associated with this procedure and I further understand the risk(s) that may occur if the procedure is not completed.

I also realize my doctor must know if I have taken any type of medication or drugs within the past seventy two (72) hours because these may cause an adverse reaction when N2O/O2 is administered. I verify that I have told my doctor about any such medications and drugs.

I have been informed of the alternatives to N2O/O2 sedation and their associated risks.

All of my questions have been satisfactorily answered and addressed.

Therefore, I give my informed consent to the administration of N2O/O2 sedation and agree to hold harmless, release, and indemnify agents, servants, students, and employees of the office/clinic of Premier Family Dentistry from any and all causes of action, claims, demands, or liability that may arise out of such treatment on behalf of myself, my heirs, my executors, administrators or assigns; or on behalf of my minor child or children or his/her (their) heirs, executors, administrators or assigns.

Signed:_____ Date:_____

Witness:_____ Date:_____