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## ADVANCED ANESTHESIA INFORMED CONSENT

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Patient's Name \_\_\_\_\_

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Date of Birth \_\_\_\_\_

This form and your discussion with your doctor are intended to help you make informed decisions about the anesthesia options for your treatment. Your doctor is available to answer any questions you may have regarding anesthesia and provide additional information before you decide whether to sign this document and proceed with the procedure.

1. I have elected to proceed with the anesthesia(s) indicated below.

\_\_\_\_\_ Nitrous Oxide (Laughing Gas)

\_\_\_\_\_ Conscious Sedation (Halcion)

If I have elected for Nitrous Oxide (Laughing Gas), I understand that the administration of medication and the performance of conscious sedation with nitrous oxide carries certain hazards, risks, and potential unpleasant side effects which are infrequent, but nonetheless, may occur. They include but are not limited to the following:

- Excessive Perspiration: Sweating may occur during the procedure, and you may become somewhat flushed during administration of nitrous oxide.
- Expectoration: Removal of secretions may be difficult but can be controlled by use of suction tip.
- Behavioral Problems: Some patients will talk excessively. You may become difficult to treat because you are talkative or experience vivid dreams; associated with physical movement of the body.
- Shivering: Although not common, shivering can be quite uncomfortable. Shivering usually develops at the end of the sedative procedure when the nitrous oxide has been terminated.
- Nausea and Vomiting: This is the most frequent of the side effects of nitrous oxide sedation, but its frequency is still quite low. It is important to tell the doctor, hygienist, or assistant that you are experiencing some discomfort. The level of nitrous oxide can be adjusted to eliminate this side effect.
- Driving a Motor Vehicle: You may not feel capable of driving after nitrous oxide. If this occurs, we will keep you until you feel better or have you call a friend or cab to ensure your safety.

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If I have elected for Conscious Sedation (Halcion), I have not had anything to eat or drink for at least six (6) hours prior to my procedure. I understand that doing otherwise may be life-threatening. As instructed, I have taken my regular medications (blood pressure medications, antibiotics, etc.) and/or any medicine given to me by my doctor using only small sips of water. I am accompanied by a responsible adult to drive me to and from the doctor's office and he/she will stay with me after the procedure until I am recovered sufficiently to care for myself. I understand the drugs given to me for this procedure may not wear off for 24 hours. I confirm my Informed Consents have not been signed under the influence of sedation. During my recovery from anesthesia, I agree not to drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.

2. I have been informed of and understand that follow-up visits or care, additional evaluation, treatment or surgery, and/or hospitalization may be needed.

3. Patient's Responsibilities:

I understand that I am an important member of the treatment team. In order to increase the chance of achieving optimal results, I have provided an accurate and complete medical history, including all past and present dental and medical conditions, prescription and non-prescription medications, any allergies, recreational drug use, and pregnancy (if applicable).

I understand and accept the use of tobacco and alcohol is detrimental to the success of my treatment and will comply with my doctor's instructions.

I understand and agree to follow all instructions provided to me by this office before and after the procedure, take medication(s) as prescribed, practice proper oral hygiene, keep all appointments, make return appointments if complications arise, and complete care. I will inform my doctor of any post-operative problems as they arise. My failure to comply could result in complications or less than optimal results.

I had sufficient time to read this document, understand the above statements, and have had a chance to get all my questions answered. By signing this document, I acknowledge and accept the possible risks and complications of my anesthetic and agree to proceed.

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\_\_\_\_\_  
Patient or Legal Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient or Legal Representative Name/Relationship

\_\_\_\_\_  
Witness to Patient Signature

\_\_\_\_\_  
Date

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed anesthesia. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

\_\_\_\_\_  
Signature of Provider who will administer anesthesia

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title