

Children's Dentistry of Westerly & Wakefield
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Informed Consent for Administration of Nitrous Oxide

Printed Name of Patient: _____

I recommend using Nitrous Oxide during treatment of your child; Nitrous Oxide is breathed through a nasal mask, and after a state of relaxation is reached, local anesthesia ("Novocaine" or "the shot") will be administered if required for the procedure.

Please **read** each bullet point below, **ask** any related questions, and **initial** that you understand.

- I understand that Nitrous Oxide will only provide relaxation and that local anesthesia may still be necessary. **please initial** _____
- I understand that Nitrous Oxide is not a 'cure-all' and may not be compatible with my child's needs and that absolute success can not be guaranteed. **please initial** _____
- I understand that the administration of nitrous oxide carries with it certain risks and potential unpleasant side effects. These include, but are not limited to shivering, nausea and vomiting, or a 'light headed' feeling. **please initial** _____
- I accept and understand that the alternatives to Nitrous Oxide administration are:
 - No Nitrous Oxide. The necessary procedure is performed and local anesthetic ("novocaine") is used as needed. **please initial** _____
 - General Anesthesia which requires that the patient to be treated at a hospital. **please initial** _____
- I have been informed of the benefits, risks and alternatives regarding the administration of Nitrous Oxide to my child. **please initial** _____
- I am aware that the per-visit fee of \$100 for Nitrous Oxide is non-refundable regardless of the visit outcome. **please initial** _____
- I am aware that I may NOT take videos or photographs of my child during treatment. **please initial** _____
- I am aware that there is a failed appointment fee of \$80. Cancellations made less than 2 business days prior to a Nitrous Oxide appointment will incur an \$80 fee. **please initial** _____
- I am aware that my child is not to eat or drink 2 hours prior to the administration of Nitrous Oxide. **please initial** _____

I consent and authorize Dr. Capalbo to use Nitrous Oxide (laughing gas) during the treatment of my child.

Parent/Guardian's Signature: _____

Date: _____

Doctors Signature: _____