



Patrick S. Burchfield DDS & Gregory M. Melton DDS

4444 Carter Creek Parkway, Suite 101, Bryan, TX 77802

(979)846-7799

[www.burchfielddds.com](http://www.burchfielddds.com)

### Consent for NO2 Analgesia

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

The following is provided to inform our patients of the choices and risks involved with having treatment sedation. The information is not presented to make patients more apprehensive but to enable them to be better informed concerning their treatment.

This is my consent and I voluntarily request for local anesthetic and/ or inhalation analgesia depending upon the judgment of the doctors involved with my care.

The choices for pain and anxiety management are basically three: local anesthesia alone, conscious sedation, or general anesthesia. I have been made aware that the risks associated with local anesthesia, conscious sedation and general anesthesia vary. Of the three, local anesthesia is usually considered to have the least risk and general anesthesia the greatest. However, it must be noted that local anesthesia sometimes is not appropriate for every patient and every procedure. I have been informed and understand that occasionally there are some complaints with anesthesia and/or medications. These Include but are not limited to: nausea, vomiting, allergic reaction, cardiovascular collapse, swelling, bruising.

Anesthetics, medications and prescriptions may cause drowsiness and lack of coordination, which can be increased by the use of alcohol or other drugs. I have been advised to refrain from operating any vehicle or hazardous devices until fully recovered from the effect of the anesthetic or medication that may have been given to me for my care.

I have been informed and understand that, although infrequent, complications may result from the administration of N2O/O2 including but not limited to: nausea, vomiting, allergic reaction, and fluctuations in breathing pattern, heart rhythm, and/or blood pressure. I further understand and accept that, although unlikely, complications may result in hospitalization, brain damage, stroke, heart attack, paralysis, or even death. I consent that in the event of an emergency that whatever procedures are necessary to manage the situation may be performed.

I understand that anesthetics, medications and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing that provider of suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reasons I understand that I must inform the provided of I am a nursing mother.

I have fully advised of and completely understand the alternative to nitrous oxide/oxygen sedation and accept the possible risks and dangers. I acknowledge the receipt of and understand both the preoperative and postoperative anesthesia instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my sedations and am satisfied with the information provided to me.

I acknowledge the receipt of and understand postoperative instructions and will arrange for a postoperative visit if necessary. I understand I may ask for a full recital of all possible risks attendant to phase of my care by just asking.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_