



Consent for Minimal Sedation and Nitrous Oxide

1. Purpose of Sedation To ensure your visit is as comfortable and anxiety-free as possible, we offer minimal sedation (oral medication) and nitrous oxide (laughing gas). The goal of minimal sedation is to deeply relax you while allowing you to remain conscious and able to communicate with our team. By reading and signing this form, you acknowledge the risks, accept your responsibilities, and consent to receiving minimal sedation.

2. Patient Responsibilities & Safety Because oral sedatives can cause lasting drowsiness and disorientation, your strict adherence to the following safety protocols is required:

- Transportation: I agree not to drive to or from the office. I am solely responsible for arranging my own transportation with a trusted adult.
- Post-Treatment Care: I agree not to drive or operate machinery for the remainder of the day. I will have a responsible adult stay with me for several hours following my appointment, as disorientation may lead to a loss of balance and risk of injury from falling.
- Fasting Guidelines: I understand that severe complications may occur if I do not strictly follow the eating and drinking instructions provided prior to my appointment.

3. Medical Disclosures & Contraindications I agree to inform the office and refrain from minimal sedation if any of the following apply to me:

- I am pregnant or nursing.
- I have liver or kidney disease.
- I have a hypersensitivity to benzodiazepine drugs (e.g., Valium, Ativan, Versed).

I have disclosed to the dentist if I consume alcohol, recreational/illicit drugs, or take any of the following medications that may adversely react with oral sedatives: Nefazodone (Serzone); Cimetidine (Tagamet, Novocimetine, Peptol); Levodopa (Dopar or Larodopa); antihistamines (e.g., Benadryl or Tavist); Verapamil (Calan); Diltiazem (Cardizem); Erythromycin;azole antifungals (Biaxin, Nizoral, Sporanox); or HIV treatment drugs (Indinavir, Nelfinavir).

4. Potential Risks and Side Effects While minimal sedation is safe and effective, it involves certain risks:

- General Side Effects: Light-headedness, headache, dizziness, visual disturbances, amnesia, nausea, or allergic reactions. Rarely, these may require medical attention or hospitalization.
- Medication Efficacy: The onset of the sedative is usually 15 to 30 minutes, peaking in 1 to 2 hours, and diminishing after 6 to 8 hours. In some patients (especially smokers), oral sedatives may not provide the desired anti-anxiety effects, which may require the planned procedure to be postponed or terminated.
- Severe Complications: In extreme and very rare cases, patients may sustain substantial or severe respiratory depression, the need for hospitalization, cardiac arrest, or death. I agree to notify the dentist immediately of any untoward reactions or delayed recovery following the procedure.

5. Authorization and Informed Consent

- I authorize the dentist to use their best judgment in managing any unforeseen conditions that might unexpectedly arise during sedation and the planned procedure. I acknowledge that a lack of cooperation with dosage recommendations and protocols may result in less-than-desired results.
- I have been given the opportunity to ask questions regarding the nature and purpose of minimal sedation, and all my questions have been answered to my satisfaction. I understand sedation is optional, and I voluntarily assume all possible risks associated with it.

Patient Acknowledgement and Consent

Patient Name (Print): _____
Patient/Guardian Signature: _____ Date: _____