

DRS. KEARNS, ASHBY, RAJCHEL & ASSOCIATES
DENTISTRY FOR INFANTS, CHILDREN & TEENS

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CONSENT FOR NITROUS OXIDE

I, _____, as a legally responsible
Parent/Legal Guardian/Authorized Individual

person (as the legally responsible parent/guardian) of:

Patient's Name

give my consent for the use of Nitrous Oxide/Oxygen (laughing gas, happy air) as deemed appropriate by Drs. Kearns, Ashby or Rajchel to help control anxiety for the child named above during today's dental treatment.

I have been informed that the Nitrous Oxide may make my child feel "tingly" or "floaty" and that the Nitrous Oxide will be completely dissipated from the patient's system after 2 to 3 minutes of breathing room air. I also understand that, while it rarely occurs, nausea is a possible adverse affect of the Nitrous Oxide.

I understand that I, or an authorized individual, must remain in the office during my child's entire procedure.

I have read this consent and understand, to my satisfaction, the procedures to be performed and the risks involved.

Legally responsible person (parent/guardian) _____
Signature

Print Name

Date

Witness: _____

Initials: _____ Date: _____ Witness: _____

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Initials: _____ Date: _____ Witness: _____