

BOGACKI & BOGACKI DDS, PC

Nitrous Oxide Administration Consent Form

1. I, _____, give my permission for Dr. _____ and any assistants deemed necessary, to administer nitrous oxide during dental treatment.
2. I have been advised of potential complications of this procedure that are able to be reasonably anticipated which are lethargy, headache and nausea.
3. All my questions concerning this procedure have been answered to my satisfaction.
4. Patient's signature indicating agreement with statements 1 through 4:

Patient:

Date:

Witness:

Date:

