



VIET HO
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Informed Consent For Nitrous Oxide / Oxygen Conscious Sedation

Recommended Treatment

I hereby give consent to Dr. Viet Ho to perform Nitrous Oxide/Oxygen Conscious Sedation procedure(s) on me or my dependent as follows: _____

_____ (“Recommended Treatment”) Nitrous Oxide Sedation is commonly called laughing gas and provides relaxation. I understand that I (or my dependent) will be awake, fully conscious, aware of my surroundings, and able to respond rationally to questions and directions during the Recommended Treatment. The Recommended Treatment is used for anxiety and pain control, as well as control of gagging. Local anesthesia will also be required for most procedures. I have been given satisfactory answers to all of my questions, and I wish to proceed with the Recommended Treatment.

These potential risks and complications, include, but are not limited to, the following:

1. Nausea and vomiting.
2. Temporary tingling in the fingers, toes, cheeks, lips, tongue and head or neck area.
3. Temporary warm feeling throughout the body with accompanying flushing/blushing.
4. As a result of the injection or use of anesthesia, there may be swelling, jaw muscle tenderness or even resultant numbness of the tongue, lips, teeth, jaws and/or facial tissues, which is typically temporary, but in rare instances, may be permanent.

Patient Name

Patient Signature

Doctor Name

Doctor Signature