

ANXIOLYSIS
INFORMED CONSENT FORM

The purpose of this Informed Consent form is to provide an opportunity for patients (and/or their parents or guardians) to understand and give permission for the use of Nitrous Oxide when provided along with dental treatment. Each item should be checked off after the patient (and/or parent or guardian) has had the opportunity for discussion and questions.

- _____ 1. I accept and understand that the purpose of anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care. I understand the anxiolysis has limitations and risks and absolute success cannot be guaranteed. (See #4 options.)
- _____ 2. I understand that anxiolysis is a drug-induced state of awareness and decreased ability to respond. The purpose of anxiolysis is to reduce fear and anxiety. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.
- _____ 3. I understand that anxiolysis will be achieved by the following route:
_____ Oral administration: I will take a pill approximately _____ minutes before my appointment. The sedation will last approximately _____ to _____ hours.
- _____ 4. I understand that the alternatives to anxiolysis are:
- a. _____ No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
 - b. _____ Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.
 - c. _____ Oral Conscious Sedation: Sedation via pill form that will put the patient in a minimally depressed level of consciousness.
 - d. _____ Intravenous (IV) Administration: The doctor will inject the sedative in a tube connected to a vein in my arm.
 - e. _____ General Anesthetic: Commonly called deep sedation, a patient under general anesthetic has no awareness and must have their breathing temporarily supported. General anesthesia is more appropriate for longer procedures lasting 3 or more hours.
- _____ 5. I understand that there are risks or limitations to all procedures. For anxiolysis these include:
- _____ Inadequate initial dosage may require the patient undergo the procedure without anxiolysis or delay the procedure for another time.
- _____ A typical reaction to drugs which may require emergency medical attention and/or hospitalization such as altered mental states, physical reactions, allergic reactions and other sicknesses.
- _____ 6. If during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment necessary. I understand that I have the right to designate the individual who will make such a decision.
- _____ 7. I have had the opportunity to discuss anxiolysis and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor.
- _____ 8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.
- _____ 9. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand that I will need to have arrangements for someone to drive me to, if I take the pill beforehand, and from my dental appointment while taking medication.
- _____ 10. I hereby consent to anxiolysis in conjunction with my dental care.