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**CONSENT FOR DENTAL TREATMENT
 WITH NITROUS OXIDE/OXYGEN**

Patient's Name: _____

Date of Birth: _____

I, _____, the parent / legal guardian (circle one) of _____, give my consent to the use of nitrous oxide ("laughing gas") as deemed appropriate in the judgment of Dr. Cytryn to enable her to provide the necessary dental treatment for my child.

I have been informed, and understand, that occasionally there are complications from this medication including, but not limited to: nausea, vomiting or allergic reaction. I have also been advised that very rare complications serious complications may arise such as heart problems, lung problems, stroke or brain damage may require hospital care and may even result in death.

Dr. Cytryn has discussed with me the possible complications. This conscious sedation procedure has been explained to me, along with alternative methods and their advantages and disadvantages. All my questions have been answered to my satisfaction.

I have read this consent and understand that I may withdraw my consent before treatment is provided.

 Parent - Print Name

 Parent Signature

 Date

 Dentist Signature

 Date