Local Anesthesia & Nitrous Oxide (Laughing Gas) Analgesia Consent

I, ________________________, as the parent/legal guardian of __________________________(patient) Give my consent to the use of local anesthetic and or nitrous oxide (inhalation analgesia) (Laughing Gas) as deemed appropriate by Dr.Vega-Negron, in performing dental treatment for my child.

I understand and consent to the restorative and surgical treatment planned for my child plus any changes that may be necessary and or occur during the procedure.

I have been informed and understand that occasionally there are some complications with local anesthesia and/or Nitrous Oxide. These include but are not limited to: nausea and vomiting, allergic reaction, cardiovascular collapse, swelling and bruising.

I have had an opportunity to ask any questions about local anesthesia and Nitrous Oxide analgesia. I also acknowledge reading and reviewing the above consent.

Treatment proposed and accepted for today
                                                                                                  
                                                                                                  
                                                                                                  
                                                                                                  
                                                                                                  
                                                                                                  
Parent Signature

Print Name / Relationship to Patient

Witness

Date

Revised January 2015