

Children's Dentistry of Baytown
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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