

**Jacqueline Palma Wingate, DMD, MPH**

**325 West Street, Canandaigua, NY 14424**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I hereby authorize my dentist at Canandaigua Children’s Dentistry, and whoever he/she may designate as his/her assistants and/or hygienists, to perform diagnostic, preventative and restorative procedures on my dependent. I give permission to use behavior management techniques, if needed, during my child’s dental visit to insure maximum patient safety.

**Procedure:** \_\_\_\_\_

Your child’s safety is our utmost concern. During their dental visit it may be necessary for the doctor and staff to employ some of the safety measures listed below to insure your child’s safety and allow the best quality of care.

**Mouth prop:** Mouth pillow to help patient keep mouth open.

**Voice control:** May be a whisper or moderate raising of voice to help them settle down.

**Passive Restraint:** Hands held by assistant; light restraint of arms or legs if necessary

**Active restraint:** Hands held by assistant; moderate to heavy restraint of arms or legs if needed for child’s safety.

**Isodry:** Soft, vaccum system utilized for isolation of teeth and protection of patient airway

I further consent to the administration of any drugs that may be deemed necessary in my child’s case, including, but not limited to: local anesthetics, Nitrous Oxide (laughing gas), antibiotics, and analgesics.

Receiving treatment will result in establishing better oral health. I am informed and fully understand that there are certain risks in any dental treatment. These risks include, but are not limited to: Sensitivity of the teeth and gums following dental cleanings and gum treatment; Post treatment pressure, tooth temperature sensitivity, pain, or throbbing; Jaw joint tenderness or pain after treatment.

I understand that there is a slight element of risk inherent in the administration of any drug or anesthetic. This risk includes, but is not limited to the following complications:

Pain; discoloration of skin due to injury of blood vessels; injury to nerves that may be temporary or permanent; allergic reactions; cardiac arrest.

I understand that a more complete explanation of all complications is available to me upon request from the doctor.

I am aware that, in spite of the possible complications and risks, my child’s treatment is necessary and desired by me. I realize that the practice of dentistry is not an exact science, and I acknowledge that no guarantees have been made to me conferencing the results of the procedures.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Witness**

**Jacqueline Palma Wingate, DMD, MPH**

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**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Nitrous Oxide**

The purpose of this Informed Consent 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.

I accept and understand that Nitrous Oxide is commonly called laughing gas and provides relaxation, although my child will be awake, fully conscious, aware of their surroundings, and able to respond rationally to inquiries and directions.

I accept and understand that the use of Nitrous Oxide is not required to provide the necessary dental treatment.

I accept and understand that the purpose of Nitrous Oxide is to make it more comfortable for me to receive the necessary dental care with less pain and/or anxiety. I also accept and understand that the use of Nitrous Oxide has limitations and risks and absolute success cannot be guaranteed.

I accept and understand that Nitrous Oxide will be administered by way of inhalation route.

The use of Nitrous Oxide has been fully explained to me, including all risks involved. I have been fully informed that temporary complications may include, but are not limited to: tingling in the fingers, toes, cheeks, lips, tongue, head or cheek area; heaviness in the thighs, and /or legs, followed by a lighter floating feeling, resonance in the voice or presence of a hyper nasal tone; warm feeling throughout the body, with flushed cheeks; fits of uncontrollable laughter or giddiness, detachment or disassociation from environment may occur; intense and uncomfortable warm and/or hot feeling throughout the body ; lightweight or floating sensation with and accompanying "out of body" sensation, sluggishness in motion and slurring and/or repetition of words, feeling of nausea; vomiting; agitation; and/or hallucination. All of these complications are temporary.

I accept and understand that the alternatives to Nitrous Oxide are:

- a. Local Anesthetic: the necessary procedure is performed under local anesthetic only.
- b. Anxiolysis: a pharmacologically induced state of consciousness where an individual is awake but has decreased anxiety to facilitate coping skills, retaining interactive ability.
- c. Oral Conscious Sedation: Sedation via pill form that will put me in a minimally depressed level of consciousness.
- d. Intravenous (IV) Sedation General Anesthetic: Commonly called Deep Sedation or General Anesthesia, a patient under a general anesthetic has no awareness and must have his/her breathing temporarily supported. General Anesthesia is appropriate for more invasive procedures.

I have had the opportunity to discuss Nitrous Oxide in conjunction with my dental care, have had opportunity to ask questions, and am fully satisfied with the answers I received. I accept and understand that I must follow all recommended instructions.

I have informed the doctor of my child's complete medical history including any recent surgeries or changes in my child's medical history involving lung, respiratory, ear infection or common cold. I also accept and understand that I must notify the doctor of my child's present mental and physical condition. I accept and understand that I must notify the doctor if my child or I are:

- 1. Pregnant
- 2. Sensitive to any medications
- 3. Presently on psychiatric mood altering drugs or other medications.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Witness**