



## OFFICE GUIDELINES AND POLICIES

It is our pleasure to invite you to the treatment area during your child's visit!

Please leave younger siblings at home if you would like to stay with your child during treatment.

Absolutely no food or drink will be allowed in the office.

Please silence your cell phones. If you need to make a call, please step outside. We will be sure to have you come in should we need you.

Absolutely **NO VIDEOTAPING OR PHOTOGRAPHY** without our knowledge. This will be a violation of HIPPA laws and staff privacy. If you would like a photo of your child's visit, please let us know and we will help you.

## NITROUS OXIDE SEDATION

We may recommend the use of Nitrous Oxide for your child's treatment visit. Nitrous Oxide is a safe method of moderate sedation. It is only effective for mild to moderate levels of anxiety. It does not put the child to sleep but will produce feelings of tingling, warmth and drowsiness. Sometimes children become emotional or irritable after the procedure. This feeling will be short lived.

Nitrous Oxide can cause nausea or vomiting. Therefore, we ask that you do not feed your child heavy meals **TWO HOURS** before the appointment. If your child's appointment is the first one in the morning, a light dry breakfast with a small amount of water is permitted. **NO DAIRY.**

If your child has any respiratory blockage or congestion, please call to reschedule your appointment.

**If you are pregnant or think you might be, you will not be able to accompany your child to the treatment area. This is for the safety of your unborn child.**

Thank you for your cooperation. Together we will make the visit a pleasant one!

## ACKNOWLEDGEMENT

I have read and understand the above guidelines. I consent Dr. Jila Mahajan and her auxiliaries to use Nitrous Oxide (laughing gas) on my child. I understand the reason for Nitrous Oxide sedation and associated risks. I understand that there is a fee for each session and that my dental insurance may not cover this fee.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date