

**GUIDELINES FOR YOUR CHILD'S TREATMENT VISIT**

1) If you would like to stay with your child, you **MUST** leave younger siblings at home!

**2) WE ASK THAT YOU DO NOT FEED YOUR CHILD ANY HEAVY, GREASY MEALS OR DAIRY PRODUCTS FOR TWO HOURS BEFORE THE APPOINTMENT.** If your child's appointment is first one in the morning, a light dry cereal with a small amount of water is best.

3) Absolutely no food or drink will be allowed in the clinical area.

4) Absolutely no videotaping or photography during the procedure.

**NITROUS OXIDE SEDATION**

Nitrous Oxide is a safe method of moderate sedation used in dental treatment. It is only effective for mild to moderate levels of anxiety. It can produce feelings of euphoria and sedation. It can also produce feelings of tingling, drowsiness, and warmth. It does not cause the patient to sleep. Your child will be conscious at all times. Nitrous Oxide is reversible and will be flushed from the system with Oxygen once your child's treatment has been completed.

Although Nitrous Oxide is very safe and is well tolerated it has been known to have some side effects. The most common side effect of Nitrous Oxide is nausea and vomiting. Other possible side effects are drowsiness and shivering during treatment. Sometimes children become emotional or irritable after the procedure. This feeling will be short lived.

Nitrous Oxide is administered through a nasal mask. If your child has any respiratory blockage, runny nose or congestion the gas will not be effective. If your child has any of the above or and ear infection, we will reschedule the appointment.

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

I consent and authorize Dr. Jila Mahajan and staff to use Nitrous Oxide (laughing gas) on my child. I understand the reasons for Nitrous Oxide sedation and associated potential risks. I understand that there is a fee for each session and that my dental insurance may not cover this fee.

Child's/Children's Name: \_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_

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