

MillerGoodman Dentistry
12 Second Street
Collingwood, Ontario
L9Y 1E3
Phone: (705)444-2668
Fax: (705)444-5847

INFORMED CONSENT FOR NITROUS OXIDE SEDATION

I _____ would like to receive nitrous oxide (laughing gas) sedation during my dental treatment to make the procedure more comfortable. The benefits and risks have been explained to me and I understand all that was discussed with Dr. Miller/Dr. Goodman. I understand I am not to have anything to eat or drink 2 hours prior to the procedure.

Signature

Date