

University of Florida Continuing Dental Education
NITROUS OXIDE PSYCHOSEDATION

Nitrous Oxide Psychosedation Continuing Education Program

Name (Please Print): _____

Date: _____ Time: _____

I authorize _____ do not authorize _____
the performance upon myself of the following procedures: the inhalation of nitrous oxide/oxygen.

I understand that the known risks and side effects are nausea and vomiting, drowsiness, and euphoria. Nitrous oxide is an inhalation anesthetic with an excellent safety record. It has been administered hundreds of thousands of times without serious side effects. This procedure is being performed in conjunction with the continuing education program entitled Nitrous Oxide Psychosedation, under the direction of **Dr. John Hardeman** _____ or **Dr. Thomas Porter** _____.

Any inquiries concerning the procedure have been answered to my satisfaction.

The University of Florida Health Science Center Committee for the Protection of Human Subjects has approved the proposed procedure. If you have any further inquiries, they may be addressed to the Chief Clinician or to the Committee for tire Protection of Human Subjects.

All participants who are to receive nitrous oxide/oxygen must be in good health and without medical problems or conditions, (i.e., sickle cell anemia, emphyse.ma, pregnancy).

I understand that I may withdraw my consent at any time without prejudice. I also understand that all data collected will remain confidential.

I have read and understand the above-described procedure.

Participant Signature: _____

Witness Signature: _____