



Nitrous Consent Form

PATIENT INFORMATION

First Name		Last Name		Birth Date	
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NITROUS AND OFFICE POLICY

Your child is in need of dental treatment. If nothing is done the result may be: decaying teeth, pain, gum and/or facial swelling, abscessed teeth, emergency visit to Vanderbilt (615-343-2996), hospitalization.

We will be using Nitrous Oxide, known as "laughing gas", during your child's dental procedure. It is extremely safe and will help distract your child so that the needed work can be completed. Once the dental work is completed, the gas will be turned off and the nitrous will be completely out of your child's system in 4-6 minutes.

The goal of the doctors at Dickson Pediatric Dentistry is to provide quality care as *safely* and *efficiently* as possible. For this reason, we ask that the **parents/guardians remain in the waiting room for all restorative appointments**. We are child friendly and do not use words such as extraction, shot, etc. and we also ask that you do the same.

Scheduling these appointments is time consuming and the courtesy of a **2-day notice** to cancel or reschedule a restorative appointment is required. If you cancel your appointment without a 2-day notice, **NO MATTER** the circumstance, it will count as a **missed appointment**, unless you can provide a doctor's excuse due to illness. **After 2 missed appointments OR excessive tardiness, your child may be dismissed or have his/her appointment rescheduled out 4-6 weeks.**

A missed appointment will require you to pay any co-insurance or co-pays prior to re-scheduling.

We require all restorative appointments to be CONFIRMED.

Any UNCONFIRMED appointments cannot be guaranteed and your child may be rescheduled.

PAYING FOR TREATMENT

We make every effort to give you an accurate estimate; however, if a good exam was not possible or the work is determined to be more extensive after a closer look, a filling may become a crown or extraction/spacer and the charges may **increase**. Parents/Guardians will be responsible for any balance that insurance does not reimburse. We use **only** resin (tooth colored) fillings and insurance often adjusts benefits to cover these fillings at amalgam (silver) filling rates. You will be billed for any difference. If a procedure is NOT a covered benefit by your insurance you will NOT receive the network adjustments for that procedure. At your request we can always contact your insurance company and request a pre-treatment estimate. It may be wise to wait to schedule the work until we have received this estimate. We will always discuss your estimate, including any portion payable by you before treatment.

****Any amount insurance will NOT pay is due the day of service**** _____ *Please Initial*

RELEASE FOR TREATMENT

Since your child is a minor, it is necessary that permission be obtained from the parent or legal guardian before any and all necessary dental sedation services can be performed. I, being the parent or legal guardian of the patient, do authorize and request that treatment deemed necessary by the doctors of Dickson Pediatric Dentistry be completed during the sedation visit, although they may not have been foreseen or discussed before treatment. I agree to be financially responsible for any bill incurred on this patient related to these services: including any attorney fees or court costs if it becomes necessary to place my account in collection.

I authorize the use of anesthetics, sedatives and other meds as needed. I am fully aware that using anesthetic agents involves certain risks including, but not limited to, redness/swelling of tissues, pain, itching, vomiting, dizziness, miscarriage, cardiac arrest, drowsiness.

FORM COMPLETION

I have read this form and agree to the terms and conditions herein.

Signature of Parent or Legal Guardian		Date	
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Printed Name		Relationship to Patient	
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