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Lexington Plastic Surgery

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Consent Form for Administration of Nitrous Oxide for Pain & Anxiety

I _____ understand from Dr. Gerstle and staff that there are several contraindications for use of Nitrous Oxide through the PRO-NOX system and hereby authorize LPS to provide me with Nitrous Oxide for the purpose of pain and anxiety control.

CONTRAINDICATIONS

- Hypersensitivity to nitrous oxide mixtures
- Head injuries with impaired consciousness
- Maxillofacial injuries
- Artificial, traumatic or spontaneous pneumothorax
- Air embolism
- Middle ear occlusion, ear infection
- Eye Surgery with intra-ocular gas injection within the last 6 weeks
- Decompression sickness
- Severe abdominal distension secondary to intra-abdominal air / intestinal obstruction
- Inability of patient to follow directions
- Inability of patient to hold own delivery device (mouthpiece or mask)

I acknowledge that I do not have any of these conditions and consent to the use of Pro-Nox for my Procedure today and in the future.

The risks and benefits of inhaled nitrous oxide for pain and anxiety control have been explained to me as have alternative forms of pain control options.

I understand that using nitrous oxide may make me unsteady and that if need to get out of the bed or off the procedure table, I will do so only with assistance.

I agree to hold the mouthpiece/mask without assistance from others.

I understand that some possible side effects of nitrous oxide include: dizziness, nausea, light-headedness, unsteadiness.

I understand that nitrous oxide has been safely used throughout the world for pain and anxiety management for many decades, and continues to be used worldwide today. I also understand that the risks for nitrous oxide use are the same risks that exist for virtually all other pain-relieving medications that I may choose to use during my procedure.

I understand, agree to the above, and wish to use nitrous oxide during my procedure.

Signature of Patient or Legal Agent/Guardian

Witness

Relationship of Legal Agent/Guardian

Date :