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## **PRO-NOX Analgesia 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. They are listed below.

### **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.

\_\_\_\_\_  
Signature of Patient or Legal Agent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of administrator of PRO-NOX

\_\_\_\_\_  
Date