



*Children's Dental Clinic*  
**— of Las Cruces —**

(575) 526-5522 • 1901 Calle de Ninos, Las Cruces, NM 88005

## **Nitrous Oxide Consent Form**

From time to time it may be necessary for a child patient to receive nitrous oxide as a sedative agent during dental procedures. This form grants the responsible dentist at the Children's Dental Clinic of Las Cruces the right to administer nitrous oxide as needed to keep the child/adolescent patient calm and comfortable during his/her visit.

This consent form is specific to the use of nitrous oxide at the Children's Dental Clinic of Las Cruces and not for any other sedative medications.

I hereby grant permission for \_\_\_\_\_  
to receive nitrous oxide inhalation agent for restorative/minor oral surgery dental procedures.

Guardian/Parent Signature: \_\_\_\_\_

Guardian/Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_