

Patient Name: _____ DOB _____ Age _____ Date _____

Nitrous Oxide:

Nitrous oxide is an inhaled gas commonly referred to as “laughing gas”, in that sometimes it can make patients feel happy, carefree, relaxed, weightless and even like laughing. Nitrous oxide provides relaxation and reduces anxiety which is inherent in medical procedures. Also, it counteracts anxiety producing chemicals (e.g., epinephrine) found in a majority of local anesthetics. Nitrous oxide is not supposed to put you to sleep, although some may fall asleep, some may even experience amnesia. The point is to relax you, and for you to still feel conscious so you can give us feedback on your level of anxiety.

Nitrous oxide works rapidly, and can relax a patient within 3 minutes. It is eliminated from the body about as quickly. Unlike other forms of sedation, you are perfectly safe to drive after using nitrous oxide.

Consent for Treatment & Assignment of benefits:

I am requesting conscious sedation for my surgical or endoscopic procedure, because I have a persistent, abnormal, and irrational phobia or fear of this specific thing that compels one to avoid it, despite the awareness and reassurance that it is not dangerous (phobia unspecified 300.20). I consent for the use of nitrous oxide (inhalation anesthesia) and other anesthetic agents as determined appropriate by my medical providers.

Surgery may be performed during your exam if necessary, if it applies to your condition, including: local anesthesia, anoscopy, incision/excision and drainage, abscess, prolapse, stenosis, hemorrhoids, fissures, injections, and removal of lesion(s).

I hereby authorize my medical providers below to bill insurance for the services provided, and to receive payment from my insurance company. I understand that if payment is made directly to the insured, I am to forward it to the provider checked below, or be legally liable for all costs associated with the collection of this debt:

Dr Rick Shacket PLLC

Other: _____

This consent reaffirms that I understand the risks associated with medical procedures and have had the opportunity to ask any questions. I read and have had the opportunity to read again: the “Informed consent for surgical procedures” form which I signed that is a part of my initial patient registration package.

Patient Signature: _____ Date: _____

Witness: _____