

**DR. MELISSA M. BEAUDET-UY**  
GENERAL DENTISTRY LIMITED TO CHILDREN AND TEENS

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**MELISSA M. BEAUDET-UY D.D.S.**

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(808)329-7351

**Consent For Nitrous Oxide**

I, \_\_\_\_\_, as a legally responsible person  
Parent/Legal Guardian/Authorized Individual

(as the legally responsible parent/guardian) of:

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Patient's Name

give my consent for the use of Nitrous Oxide/Oxygen (laughing gas, happy air) as deemed appropriate by Dr. Beaudet-Uy to help control anxiety for the child named above during dental treatment.

I have been informed that the Nitrous Oxide may make my child feel "tingly" or "floaty" and that the Nitrous Oxide will be completely dissipated from the patient's system after 2 to 3 minutes of breathing room air. I also understand that, while it rarely occurs, nausea is a possible adverse affect of the Nitrous Oxide.

I have read this consent and understand, to my satisfaction, the procedures to be performed and the risks involved.

Legally responsible person (parent/guardian) \_\_\_\_\_  
Signature

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Print Name

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Date

Witness: \_\_\_\_\_