University of Florida Continuing Dental Education

NITROUS OXIDE PSYCHOSEDATION

Nitrous Oxide Psychosedation Continuing Education Program

Name (Please Print): ________________________________

Date: ____________________  Time: ____________________

I authorize _____ do not authorize _____
the performance upon myself of the following procedures: the inhalation of nitrous oxide/oxygen.

I understand that the known risks and side effects are nausea and vomiting, drowsiness, and
euphoria. Nitrous oxide is an inhalation anesthetic with an excellent safety record. It has been
administered hundreds of thousands of times without serious side effects. This procedure is being
performed in conjunction with the continuing education program entitled Nitrous Oxide
Psychosedation, under the direction of Dr. Ulrich Foerster _____ or Dr. Thomas Porter _____.

Any inquiries concerning the procedure have been answered to my satisfaction.

The University of Florida Health Science Center Committee for the Protection of Human Subjects has
approved the proposed procedure. If you have any further inquiries, they may be addressed to the
Chief Clinician or to the Committee for the Protection of Human Subjects.

All participants who are to receive nitrous oxide/oxygen must be in good health and without medical
problems or conditions, (i.e., sickle cell anemia, emphysema, pregnancy).

I understand that I may withdraw my consent at any time without prejudice. I also understand that
all data collected will remain confidential.

I have read and understand the above-described procedure.

Participant Signature: ________________________________

Witness Signature: ________________________________