advanced DERMATOLOGY

CONSENT-NITRONOX

Consent- Nitronox:

Nitronox Consent

Nitronox
INFORMED CONSET BOOKLET

INTRODUCTION:

Nitronox is a self-administered mixture of 50% oxygen and 50% nitrous oxide and is breathed in inhaled gas. Nitronox helps reduce anxiety and discomfort and causes relaxation during medical aesthetic and other minor medical procedures.

HOW TO USE NITRONOX: You will self-administer Nitronox by holding the mask or mouthpiece and inhaling the gas until you feel satisfied your anxiety or discomfort is reduced to an acceptable level for you. You are always in control of the gas administration and you can stop using Nitronox at any time if you do not like how the gas is making you feel.

ALTERNATIVE TREATMENT: You can elect not to use Nitronox or can discuss alternative pain management such as ice application, zimmer, or oral medications with your provider.

RISKS: Every procedure involves a certain amount of risk and it is important that you understand the risks involved with Nitronox.

- Some possible side effects may include: nausea, vomiting, excessive sweating, euphoria (feelings of happiness), excitement, deep sedation, drowsiness, sleep, dizziness, lightheadedness, dysphoria (feelings of sadness), amnesia (not remembering what has just occurred), and headaches.
- If you are receiving a laser treatment with a laser that is not in full contact with your skin, you cannot breathe in the gas while the laser is firing. Your provider will stop using the laser and allow you to use the Nitronox and resume treatment when you have stopped inhaling the gas.
- Do not leave the office if you feel dizzy or lightheaded; tell your provider or assistant immediately.
- Do not have this procedure if you have: asthma, COPD, lung or other respiratory problems, glaucoma, B12 deficiency, first trimester pregnancy or anyone younger than 5 years old.
- Please do not touch the equipment while in the room. Laser equipment is dangerous and a misfire could cause skin or eye damage that is permanent.

CONSENT FOR PROCEDURE

I have read all pages contained in this document and hereby authorize the following medical provider(s): Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, and Elana Block, MSN, RN.to administer the following treatment: NITRONOX

I have disclosed my current medical history to the provider before using Nitronox.

There are certain medications and/or other conditions that will disqualify me from using Nitronox and my provider has discussed these with me.

The use of Nitronox, potential benefits and risks, and alternative treatment options have been explained to my satisfaction.

I understand that Nitronox is optional and not a requirement for treatment.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
THE ABOVE TREATMENT TO BE UNDERTAKEN
THERE MAY BE ALTERNATIVE METHODS OF PAIN MANAGEMENT
THERE ARE RISKS TO THE PROCEDURE PROPOSED
ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.