

NORTH METRO DERMATOLOGY

CONSENT FOR ADMINISTRATION OF NITROUS OXIDE FOR PAIN AND ANXIETY WITH THE PRO-NOX SYSTEM

I hereby authorize North Metro Dermatology and staff to provide me with Nitrous Oxide through the PRO-NOX system for the purpose of pain and anxiety control during my procedure.

PRO-NOX is a self-administered (under the supervision of medically trained staff), quick onset, fixed 50% nitrous and 50% oxygen pain management system with short duration of effect. It is generally metabolized and "out of your system" (you are back to normal) within minutes of discontinuing, and therefore you are able to regain complete mental and physical function quickly and drive home.

The risks and benefits of inhaled nitrous oxide for pain and anxiety control have been explained to me as have alternative forms of pain control options. Although no severe complications have been reported with this device and type of analgesia, the risks could include headache, euphoria, decreased mental and physical awareness and control, device malfunction and potential overdose, failure of effect, and other unforeseen problems.

I understand that some possible side effects of nitrous oxide include dizziness, nausea, light-headedness, and unsteadiness. I understand that I should wait 20 minutes after the last use of nitrous oxide before driving a car or operating any type of machinery.

I understand that using nitrous oxide may make me unsteady and that if need to get off the procedure table, I will do so only with assistance.

I agree to hold the mouthpiece and inhale the nitrous oxide/oxygen gas mix without assistance from others and only as needed through the procedure to maintain my comfort level.

I understand that there are several contraindications for use of Nitrous Oxide through the PRO-NOX system. They are listed below.

CONTRAINDICATIONS

- Pregnancy
- Hypersensitivity to nitrous oxide mixtures
- Artificial, traumatic or spontaneous pneumothorax
- Air embolism
- Middle ear occlusion, ear infection
- Eye surgery with intra-ocular gas injection within the last 6 weeks
- Decompression sickness
- Severe abdominal distension secondary to intra-abdominal air / intestinal obstruction
- Inability of patient to follow directions
- Inability of patient to hold own delivery device (mouthpiece or mask)

I understand, agree to the above, and wish to use the PRO-NOX nitrous oxide system during my procedure and consent to the self-administration of the gas provided to me at this time and all subsequent treatments. I hereby release North Metro Dermatology from all liabilities associated with this procedure.

Patient Name (print): _____ Date: _____

Patient Signature: _____

PLEASE CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS OR CONCERNS.

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