

## Inhalation Sedation Referral Information

At Argo Dental Clinic, we are pleased to offer 'gas and air' inhalation sedation. This involves breathing a mixture of nitrous oxide and oxygen through a nasal mask, to help patients feel relaxed during their dental treatment.

We are happy to accept referrals for this for both adults and children (from around 5 years old) to be seen by our dentist, **Katie Woon Sam**.

Inhalation sedation provides:

- ✓ **Anxiety relief** - it lowers stress and provides a calm or floating sensation
- ✓ **Pain management** - it raises pain thresholds, meaning more comfortable treatment (local anaesthetic will still be used as well as required)
- ✓ **Gag reflex control** - it helps suppress a sensitive gag reflex, making dental work much easier to tolerate

Patients remain conscious and are able to talk to us throughout their treatment. We can adjust the amount of nitrous oxide given during the appointment as needed.

It is a very safe form of sedation and recovery is quick, meaning patients don't have to bring an escort and they can carry on with their day after the appointment.

Please read our **IHS Selection Criteria** document before referring to see if your patient is suitable for this type of sedation.

**We can carry out a full range of treatments under inhalation sedation.** For longer treatments such as root canal, and/or if treatment is to be carried out in the upper anterior region (under the mask area), we may sometimes suggest the mask be removed once LA has been given and the treatment has been started if the patient is able to tolerate this.

Use of the referral form below is not compulsory but completing it will help to ensure that all the information required for a smooth referral process is included. If you have already sent a referral on **REGO** but the patient has now opted to be referred privately, we would be happy to receive a copy of the **REGO** pdf instead.

You can send your referral to us via email or post (attaching any photos, radiographs, orthodontic correspondence etc.) and we will then get in touch with the patient directly to organise an assessment or phone check in with them as appropriate.

If you have any questions about our referrals or services, please do not hesitate to get in touch.



Colchis House, Brassey Road, Shrewsbury, SY3 7FA  
shrewsbury@argo-dental.co.uk  
01743 362501

## Inhalation Sedation Referral Form

| PATIENT INFORMATION |  | REFERRER INFORMATION |  |
|---------------------|--|----------------------|--|
| Title               |  | Date                 |  |
| First Name          |  | Name                 |  |
| Last Name           |  | Job Role             |  |
| DOB                 |  | Practice Name        |  |
| Address             |  | Address              |  |
| Phone Number        |  | Phone Number         |  |
| Email               |  | Email                |  |

| REFERRAL INFORMATION                |  |
|-------------------------------------|--|
| Diagnosis/concern:                  |  |
| Type and date of radiographs taken: |  |
| Relevant medical/social history:    |  |
| Previous attempt(s) of treatment:   |  |
| Treatment requested:                |  |

**By sending this referral I confirm that:**

- The patient/their family have consented to this referral and are happy for us to contact them
- The patient/their family are aware an assessment or check-in will be required prior to treatment being carried out
- I will send copies of any photographs or radiographs I have taken of the patient
- I have discussed the alternative option of an NHS referral with the patient/their family