

Name _____ Date _____

Oral Sedation Information and Consent Form

It is our moral and legal obligation to give you the information necessary to make an educated decision in requesting treatment. The benefits of therapy are usually greater than the risk, but just as there are risks involved with driving a car, there are events that can occur with any type of treatment. These are being explained to inform and educate you ...not to alarm you. Eliminating surprises will make your care go more smoothly.

Triazolam (halcion) although usually prescribed as a sleeping pill, is a medication that can greatly minimize anxiety that may be associated with going to the dentist. In a relaxed state, you will still be able to communicate with the doctor while treatment is being performed. Even though it is safe, effective, and wears off rapidly after the dental visit, you should be aware of some important precautions and considerations.

- This consent form should be signed before you take the medication. It is invalid if signed after you take the pills.
- This medication should not be used if;
 - a. You are hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.)
 - b. You are pregnant, trying to become pregnant or breast feeding.
 - c. You have liver or kidney disease.
 - d. You have glaucoma.

Tell the doctor if you are taking the following medications as they can adversely interact with triazolam; nefazodone (Serzone); imetidine (Tagamet, Tagamet HB, Novocimetine, or Peptol); levodopa (Dopar or Lardopa) for Parkinson’s disease; antihistamines (such as Benedryl and Tavist); verapamil (Calan); diltiazem (Cardizem); erythromycin and the azole antimycotics (Nizoral, Biacin, or Sporanox); HIV drugs indinavir and nelfinovir, and alcohol. Of course, taking recreational drugs can also cause untoward reactions.

- Side effects may include light-headedness, headache, dizziness, visual disturbances, amnesia, and nausea. In some people, oral triazolam may not work as desired.
- Nitrous oxide (laughing gas) may be used in conjunction with triazolam and a local anesthetic
- Allergic reaction – which can range from hives to heart failure.

I request and give consent to Dr. Hafernik for the following;

- Perform full treatment as described in my treatment plan. _____Initial
- Authorization for Dr. Hafernik to use his best judgment in managing unforeseen conditions which might unexpectedly arise during the course of the performing the procedures. _____Initial
- All statements requiring insertion or completion were filled in, and inapplicable paragraphs/statements if any were stricken before I signed. _____Initial
- I have received and reviewed the “Instructions Prior to Sedation” form. _____Initial

I understand these considerations and am willing to abide by the conditions stated above, I have had an opportunity to ask questions and have had them answered to my satisfaction.

Witness

Patient, Parent or Guardian

Doctor