

## **Elevated Dental**

953 S. Frontage Rd W Suite 104  
Vail, CO 81657  
970-476-3991

### **Informed Consent for Conscious Sedation**

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 be able to communicate with the dentist 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. This informed consent should be signed before you take the medication.

The onset of Triazolam is 15 to 60 minutes. Do not drive after you have taken the medication. The peak effect occurs between 1 and 2 hours. Most people feel normal after 6 to 8 hours. For safety reasons and because people react differently, you should not drive or operate machinery the remainder of the day. Wait until the next day.

This medication should not be used if:

- You are hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.)
- You are pregnant or breast feeding.
- You have liver or kidney disease.

Tell the doctor if you are taking the following medications as they can adversely interact with Triazolam, Pefazodone (Serzone), Cimetidine (Tagamet, Novocimetine, or Peptol), Levodopa, Antihistamines (Benadryl and Tavist), Verapamil, Diltiazem, Erythromycin, HIV drugs, and alcohol.

Side effects may include light-headedness, headache, dizziness, visual disturbances, amnesia, and nausea. In some people, oral triazolam may not work as desired. Smokers will probably notice a decrease in the medication's ability to achieve desired results. You should not eat heavily prior to your appointment. Taking it with too much food can make absorption into your system unpredictable.

On the way home from the dentist, your seat in the car should be in the reclined position. When at home lie down with your head slightly elevated. Someone should stay with you for the next several hours because of possible disorientation and possible injury from falling.

I have read and understand the above paragraphs and realize that Triazolam sedation carries with it certain risks. I request that Triazolam be used for my procedure. All of my questions have been answered fully to my satisfaction regarding this consent.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date