

Champlain Periodontal

Brian D. Huber, D.D.S., M.S.
Nevin Zablotsky, D.M.D.

37 Timber Lane
So. Burlington, Vermont 05403
(802) 862-1435 (800) 783-2526

ORAL SEDATION INFORMATION AND CONSENT FORM

Triazolam (halcyon), 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 and considerations.

1. This consent form and the treatment consent form should be signed before you take the medication. They are invalid if signed after you take the pills.
2. The onset of triazolam is 15 to 30 minutes. Do not drive after you have taken the medication. The peak effect occurs between 1 and 2 hours. After that, it starts wearing off and most people feel normal after 6 to 8 hours. For safety reasons, and because people react differently, you should not drive or operate machinery for the remainder of the day. Wait until tomorrow.
3. This medication should not be used if:
 - a. You are hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.)
 - b. You are pregnant or breast feeding
 - c. You have liver or kidney disease
 - d. You are taking recreational/illicit drugs
4. Side effects may include light-headedness, headache, dizziness, visual disturbances, amnesia, and nausea. In some people, oral triazolam may not work as desired.
5. Smokers will probably notice a decrease in the medication's ability to achieve desired results.
6. You should not eat heavily prior to your appointment. You may take the medication with a small amount of food, such as juice, toast, etc. Taking it with too much food can make absorption into your system unpredictable.
7. On the way home from your appointment, your seat in the car should be in the reclined position. When at home, lie down with your head elevated. Someone should stay with you for the next several hours because of possible disorientation and injury from a fall.

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

Signed (patient): _____

Signed (guardian, if patient under 18): _____

Date: _____