



Dr. Gordon Green  
Dr. Brooks Green  
Dr. Nichole Barnett  
147 E. Broad Street  
Lyons, IN 47443  
812.659.2111

### Oral Sedation Information and Consent Form

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 dentist while treatment is being performed. Even though it is safe, effective and wears off rapidly after the dental visits, you should be aware of some important precautions and considerations.

1. This consent form should be signed before you take the medication. It is invalid if signed after you have taken the pills.
2. The onset of Triazolam is 15-30 minutes. Do not drive after you have taken the medication. The peak effect occurs between 1 and 2 hours. After that, the medication starts wearing off and more people feel normal after 6 to 8 hours. For safety reasons and because people react differently, you should not drive or operate machinery, or be in charge of children the remainder of the day.
3. This medication should not be used if:
  - a) You are hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.)
  - b) You are pregnant or breastfeeding
  - c) You have liver or kidney diseaseTell the doctor if you are taking any of the following medication, as they can adversely interact with Triazolam: Nefazodam (Serzone); Cimetidine (Tagamet, Tagamet HB, Novocimetine, or Peptol); Levodopa (Dopar or Larodopa) for Parkinson's Disease; Antihistamines (such as Benedryl, and Tavist); Verapamil (Calan); Diltiazem (Cardizem);
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 medications ability to achieve desired results.
6. Nitrous Oxide (laughing gas) may be used in conjunction with triazolam and a local anesthetic.

Treatment to be complete: \_\_\_\_\_

Alternative Treatments: \_\_\_\_\_

I have read and understand the above and give my consent to surgery. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, ect.

Patient's Signature (or legal guardian) \_\_\_\_\_ Date \_\_\_\_\_