Oral Sedation (Anxiolysis) Informed Consent Form

1. I understand that the purpose of anxiolysis is to more comfortably receive necessary care. Anxiolysis is not required to provide the necessary dental care. I understand that anxiolysis has limitations and risks and absolute success cannot be guaranteed. (See #4 options.)

2. I understand that anxiolysis is a drug-induced state of reduced awareness and decreased ability to respond. The purpose of anxiolysis is to reduce fear and anxiety. I will be able to respond during the procedure. My ability to respond normally returns when the effects of the sedative wear off.

3. I understand that anxiolysis will be achieved by the following route:

   Oral Administration: I will take a pill (or pills) approximately 45 minutes before my appointment. The sedation will last approximately 2 to 3 hours.

4. I understand that the alternatives to anxiolysis in this office are:
   a. No sedation: The necessary procedure is performed under local anesthetic with the patient fully aware.
   b. Intravenous (IV) Administration: A nurse anesthesiologist will inject the sedative in a tube connected to a vein in my arm.

5. I understand that there are risks or limitations to all procedures. For anxiolysis these include:
   a. Inadequate initial dosage may require the patient to undergo the procedure without anxiolysis or delay the procedure for another time.
   b. Atypical reaction to drugs which may require emergency medical attention and/or hospitalization such as altered mental states, allergic reactions, and physical reactions including possible respiratory depression.
   c. Inability to discuss treatment options with the doctor should circumstance require a change in treatment plan.
6. If, during the procedure, a change in treatment is required, I authorize the doctor and the operative team to make whatever change they deem in their professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.

7. I have had the opportunity to discuss anxiolysis and have my questions answered by qualified personnel including the doctor, if I so desire. I also understand that I must follow all the recommended treatments and instructions of my doctor.

8. I understand that I must notify the doctor if I am pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to any medication, of my present mental and physical condition, if I have recently consumed alcohol, and if I am presently on psychiatric mood altering drugs or other medications.

9. I will inform the doctor if I am hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.).

10. I will inform the doctor if I have liver or kidney disease.

11. I will not be able to drive or operate machinery while taking oral sedatives for 24 hours after my procedure. I understand I will need to have arrangements for someone to drive me to, if I take the pill beforehand, and from my dental appointment while taking medication.

12. No narcotics shall be taken until 8 hours after completion of the procedure, unless otherwise instructed by the doctor.

13. I understand that I will be escorted via wheelchair to my departing vehicle after the procedure.


Tell the doctor if you are taking the following medications as they can adversely interact with triazolam: nefazodide (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 (Cardizzem); erythromycin and the azole antifungics (Nizoral, Biaxin or Sporanoxs); HIV drugs indinavir and nelfinovir; and alcohol. Of course, taking recreational/illegal drugs can also cause untoward reactions.

Patient/Guardian_________________________________________________

Date___________________________________________________________

Witness________________________________________________________