

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 anxiety 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.
14. I hereby consent to anxiety in conjunction with my dental care.

Tell the doctor if you are taking the following medications as they can adversely interact with triazolam: nefazidone (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); erythromycin and theazole antimycotics (Nizoral, Biaxin or Sporanox); HIV drugs indinavir and nelfinavir; and alcohol. Of course, taking recreational/illegal drugs can also cause untoward reactions.

Patient/Guardian _____

Date _____

Witness _____