



The purpose of this document is to provide an opportunity for our patients to understand and give permission for conscious sedation when provided along with dental treatment. Each item should be checked off after the patient has the opportunity for discussion and questions.

1. I understand that the purpose of conscious sedation is to more comfortably receive necessary care. Conscious sedation is not required to provide the necessary dental care. I understand that conscious sedation has limitations and risks and absolute success cannot be guaranteed.
2. I understand that conscious sedation is a drug-induced state of reduced awareness and decreased ability to respond. Conscious sedation is not sleep. 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 my conscious sedation will be achieved by the following route:
_____ Oral administration: I will take a pill approximately _____ minutes before my appointment. The sedation will last approximately _____ to _____ hours.
4. I understand that the alternatives to conscious sedation are:
 - a. No sedation. The necessary procedure is performed under local anesthetic with patient fully aware.
 - b. Nitrous oxide sedation: Commonly called laughing gas, nitrous oxide provides relaxation but the patient is still generally aware of surrounding activities. Its effects can be reversed in five minutes with oxygen.
5. I understand that there are risks or limitations to all procedures. For sedation these include.

_____ (Oral sedation) Inadequate sedation with initial dosage may require the patient to undergo the procedure without full sedation or delay the procedure for another time.
_____ Atypical reaction to sedative drugs which may require emergency medical attention and /or hospitalization such as altered mental state, physical reaction, allergic reactions, and other sickness.
_____ 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 conscious sedation and have my questions answered by qualified personnel including the doctor. 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 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 and from my dental appointment while taking oral sedatives.
10. I hereby consent to conscious sedation in conjunction with my dental care.

Patient: _____ Date: _____ Witness: _____

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ORAL SEDATION INFORMATION AND CONSENT FORM

Triazolam (halcion), although usually prescribed as a sleeping pill, is a medication that can generally 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 visit, you should be aware of some important precautions and considerations.

1. This consent form and the dental 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 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 breastfeeding
 - c. you have liver or kidney disease

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

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

Signed (patient): _____

Signed (guardian, if patient under 18): _____

Date: _____