



MOUNTAIN TOP
periodontics & implants

8000 E. Prentice Ave. Unit D7
Greenwood Village, CO 80111
(303) 740-0080

ORAL SEDATION INFORMATION AND CONSENT FORM

Triazolam (Halcyon), 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. 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.
2. Do not drive after you have taken medication. The peak effect occurs between 1-2 hours from taking it. After that, it starts to wear off and most people feel normal after 6-8 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. We request you walk in with your driver, they are welcome to stay for the appointment or leave and our office will call them once your treatment is finalized.
4. We will go through home care with your driver to reiterate any specific details.
5. Side effects include light-headedness, headache, dizziness, visual disturbances, amnesia and nausea. To reduce chances of nausea do not eat or drink opaque liquids (coffee, milk, orange juice) for at least 6 hours before the procedure.
6. Smokers will probably notice a decrease in the medications "ability to achieve desired results".
7. Nitrous oxide may be used in conjunction with Triazolam and local anesthetic.
8. This medication should not be used if:
 - You are hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.).
 - You are pregnant or breastfeeding.
 - You have liver or kidney disease.

Tell the doctor if you are taking any other medication as it may Interact with this medicine.

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.

Patient Name: _____

Patient Signature or Legal Guardian: _____

Witness Signature: _____

Date: _____