

**Lakeside Dental**  
Benjamin Bushnell, DDS  
150 Bills Rd. Lakeside, MT 59922 406-844-3825

**ORAL SEDATION INFORMATION AND CONSENT FORM:  
TRIAZOLAM (Halcion)**

Triazolam (Halcion), 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 visit, you should be aware of some important precautions and considerations.

\_\_\_\_\_ 1. This consent form and the dental treatment consent form must be signed before you take the medication. The Pre and Post Operative Instructions must also be reviewed. Payment will be collected prior to taking the medication.

\_\_\_\_\_ 2. The onset of Triazolam is 15-30 minutes. **DO NOT DRIVE** after you have taken the medication. For safety reasons and because people react differently, you should not drive or operate machinery for the remainder of the day. Wait until the following day.

\_\_\_\_\_ 3. This medication should not be used if:  
A. You are hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc..)  
B. You are pregnant, may be pregnant, or are breast feeding  
C. You have liver or kidney disease

\_\_\_\_\_ 4. A current list of all medications taken has been provided.

\_\_\_\_\_ 5. Tell the doctor if you are taking the following medications as they can adversely interact with Triazolam:

Cimetidine (Tagament, Tagament HB, Novocimetine, or Peptol), Levodopa (Dopar or Larodopa) for Parkinson's disease, antihistamines (such as Benadryl and Tavist), Verpamil (Calan), Diltiazem (Cardizem), Erythromycin and the Azole Antimycotics (Nizoral, Biaxin or Sporanox), HIV drugs such as Indinavir and Nelfinavir, Nefazodone (Serzone), Cannabis (Marijuana) and Alcohol. Recreational drugs/illicit drugs can also cause harmful reactions.

\_\_\_\_\_ 6. Side effects may include light-headedness, headache, dizziness, visual disturbances, amnesia, hyperactivity, and nausea in some people. Oral Triazolam may not work as desired.

\_\_\_\_\_ 7. Smokers will probably notice a decrease in achieved medicinal results.  
Refrain from smoking 8 hours prior to your appointment.  
Cannabis users must refrain from use for 48 hours prior to appointment and inform doctor of usage (amount and frequency).

\_\_\_\_\_ 8. You should not eat 6 hours prior to your appointment. Drink only a small amount of a clear liquid – **NO CAFFEINATED BEVERAGES OR GRAPEFRUIT JUICE.**

\_\_\_\_\_ 9. Nitrous Oxide (laughing gas) may be used in conjunction with Triazolam and a local anesthetic.

\_\_\_\_\_ 10. No major decisions should be made until after full recovery from the anesthesia. Those with a history of chemical dependency have a risk of relapse after anesthesia and should take appropriate precautions.

\_\_\_\_\_ 11. On the way home from the dentist, your seat in the car should be in a slightly reclined position and the seatbelt should be fastened. 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 agree that a verbal discussion with Dr. Bushnell has outlined why the procedure is recommended, what alternative treatments are available, and what risks, consequences and complications may result from the procedure.

I understand that during the procedure, a change in treatment may be required. I authorize Dr. Bushnell and the operative team to make whatever change they deem in their professional judgement is necessary. I authorize Dr. Bushnell to discuss my care and instructions with my designated escort. I understand that I have the right to designate the individual who will make such decisions:

\_\_\_\_\_

I understand these considerations and am willing to abide by the conditions stated above. I have had an opportunity to ask questions and have them answered to my satisfaction. I authorize and direct Dr. Bushnell to use Triazolam (Halcion) for oral conscious sedation.

Signed (patient): \_\_\_\_\_

Signed (guardian, if patient is under the age of 18): \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_