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Oral Sedation Information and Consent Form

The oral sedative known as Halcion is a medication that can greatly reduce anxiety that is associated with dental procedures. You will be in a relaxed state, but you will still be able to communicate with the dentist during the procedure. Oral sedation is not intended to put you to sleep or render you unconscious. Even though it is safe, effective and wears off rapidly, you should be aware of some important precautions and considerations.

1. This consent form and the dental treatment consent form should be signed prior to taking the medication. They are invalid if signed after you take the pills.
2. The onset of some medication is very rapid. You should not drive after taking the medication.
3. The medication should not be used if:
 - You are allergic to Halcion or any related medications.
 - You are pregnant or breast-feeding.
 - You have liver or kidney disease.

Tell Dr. Davis if you are taking any medications, especially Nefazodone (Serzone), Cimetidine (Tagamet, Novocimetine, or Peptol), Levodopa, antihistamines (such as Benadryl and Tavist, Verapamil (Calan), Diltiazem (Cardizem), Erythromycin and the Azole Antimycotics (Nizoral, Biaxin, or Sporanox), HIV drugs such as Indinavir and Nelfinavir. Consuming alcohol and/or taking recreational/illicit drugs or unauthorized herbal supplements or medications can cause unwanted reactions.

Please read and initial next to the following statements:

1. _____ Side effects may include, but are not limited to light-headedness, headache, dizziness, visual disturbances, amnesia and nausea.
2. _____ The medication may not be effective in some individuals. This is rare, but possible.
3. _____ I have been informed and understand that occasionally there are complications with the drugs and anesthesia, including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, and fluctuations in breathing patterns, heart rhythm, and/or blood pressure, brain damage, coma or death. I further understand and accept the risk that complications may require hospitalization.

4. _____ I understand that anesthetics, medications and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing the risks, I accept full responsibility of informing the dentist of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reasons, I understand that I must inform the dentist if I am a nursing mother.
5. _____ Nitrous Oxide (laughing gas) may be utilized in conjunction with the oral sedative and local anesthetic.
6. _____ You *must be supervised* after the appointment for a time period specified by the dentist, which for some patients may include over-night supervision.

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

Printed Patient Name

Patient or Guardian Signature

date

Doctor or Clinical Staff Signature

date