

1. I understand that anxiolysis is a drug-induced state of reduced awareness and decreased ability to respond, that its purpose is to reduce fear and anxiety, that I will be able to respond during the procedure, and that my ability to respond normally returns when the effects of the sedative wear off.
2. I understand that the purpose of anxiolysis is to more comfortably receive necessary care, and anxiolysis is not required to provide the necessary dental care. I understand that anxiolysis has limitations and risks and absolute success cannot be guaranteed.
3. I understand that Elm Endodontics uses Halcion (triazolam) to provide anxiolysis. I will take the medications as prescribed approximately one hour prior to my appointment time.
4. I understand that after taking the medication I am not to drive, operate machinery, or walk unassisted.
5. I will explain to my driver that I will notify the receptionist at Elm Endodontics when I have arrived so that I may be assisted into the office.
6. Halcion may cause a patient to forget experiences during **and before** taking the medication. I will not make any important business decisions prior to taking the medication.
7. I understand that the alternative to anxiolysis in this office is no sedation, and that the procedure will be performed using local anesthetic.
8. I understand that there are risks or limitations to all procedures. For anxiolysis these include:
  - Inadequate initial dosage may require the patient to undergo the procedure without anxiolysis or delay the procedure for another time.
  - Atypical reaction to drugs which may require emergency medical attention and/or hospitalization such as altered mental states including aggressiveness (disinhibition), allergic reactions, and physical reactions including possible respiratory depression.
  - Inability to discuss treatment options with the doctor should circumstances require a change in treatment plan.
9. If during the procedure a change in treatment is required, I authorize the doctor to make whatever change he deems in his professional judgment is necessary. I understand that I have the right to designate the individual who will make such a decision.
10. I understand that I will notify the doctor if I am pregnant, or if I am nursing. Halcion cannot be used with patients who are pregnant.
11. I will inform the doctor if I am hypersensitive to benzodiazepines (Valium, Ativan, Versed, etc.).
12. I will inform the doctor if I have liver or kidney disease.
13. I understand that I will not drive to the appointment while taking the prescribed medication, and I will not drive for 24 hours after taking the prescribed medication.
14. I will tell the doctor if I am taking the following medications as they can adversely interact with Halcion (triazolam): nefazidibe (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 azol antimycotics (Nizoral, Biaxin, or Sporanox); HIV medications indinavir and nelfinovir; and alcohol.
15. I will not drink alcohol while under the influence of this medication.
16. I will not use this medication for purposes other than anxiolysis during treatment at Elm Endodontics.
17. I have read and understand these instructions.

Patient (Print): \_\_\_\_\_

Patient (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Witness or Guardian: \_\_\_\_\_