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**DISCUSSION & INFORM CONSENT FOR ORAL CONSCIOUS (MINIMAL OR MODERATE ORAL)
SEDATION (“OCS”) (TRIAZOLAM, DIAZEPAM, LORAZEPAM, MIDAZOLAM
OR ZALEPLON WITH OR WITHOUT HYDROXYZINE)**

Rev 07/2019

BACKGROUND INFORMATION:

This form is designed to provide information regarding the use of oral conscious (minimal or moderate oral) sedation (“OCS”) agents (triazolam, diazepam, lorazepam, midazolam, or zaleplon with or without hydroxyzine). We have tried to provide the following information about these agents in “plain English” and your cooperation and understanding of this material is necessary as we strive to achieve the best results for you. OCS of the type produced by these agents has proven to be useful in controlling the fears of many dental patients. The properties of these agents have allowed many patients to receive dental treatment in a safe, relaxed state with a reduction in their level of fear and anxiety. However, your awareness and ability to respond will be decreased. Like all medications, though, there are limitations and risks (which will be discussed below), and absolute success of treatment with oral sedatives is variable and cannot be guaranteed. **I understand that OCS has limitations and risks and absolute success cannot be guaranteed. I further understand that OCS is a drug induced state of reduced awareness and decreased ability to respond. My ability to respond normally returns when the effects of the sedative wear off.**

CANDIDATES FOR OCS:

We endeavor to determine eligibility for treatment with oral sedatives through information gathered during our consultation and screening. While many individuals will qualify for treatment with oral sedatives, not all people are candidates for it. If this situation occurs, the doctor will discuss his/her findings with you, perhaps along with certain other possible treatments or options as appropriate. **Women who are pregnant, with likelihood to become pregnant, or lactating should not use oral sedatives** (as it may cause fetal damage) nor should people with a known sensitivity to the benzodiazepine class of medication. Also, patients should not consume alcohol while taking oral sedatives or increase the prescribed dosage. If you have been taking any psychiatric mood altering drug, have a bowel obstruction, or any acute respiratory conditions such as cold, flu, or sinus infection, you may not be a good candidate for the use of OCS. Please notify the doctor if you have any of these conditions to discuss other options that may be available. **I understand that I must notify the doctor if I am pregnant, may be pregnant, or if I am lactating. I must notify the doctor if I have sensitivity to benzodiazepines, if I have recently consumed alcohol, and if I am on psychiatric mood altering drugs or other medications.**

YOUR PROTOCOL FOR THE ADMINISTRATION OF OCS:

You will be given a dosage of diazepam to be taken the night before your dental visit to reduce your anxiety level and help you to sleep. This also gives you an opportunity to experience the effects of an oral sedative. Any negative reaction should be reported to your treating dentist prior to treatment the next morning. Another

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dosage of sedative medication will be taken 1 hour prior to beginning your dental treatment. You will not be allowed to drive to or from your appointment and you must have someone pick you up, sign you out, and accompany you home following your treatment with OCS. This person must be 19 years or older. Due to a possible amnesia effect, you should also arrange to have a trusted friend or loved one with you in the 24 hours after your treatment. **I understand the prescribed protocol that will be used during my OCS. It is essential to have another person accompany me to my visit to provide for my transportation and care.**

ALTERNATIVE OPTIONS:

Please note that there are other sedation options available for your procedure including nitrous oxide, which is relaxation gas known as laughing gas, topical anesthetic, which is a numbing gel that can be placed in your mouth and give you more comfort, and intravenous sedation, which will provide a sedative through your blood system to achieve sedation. These and other methods can often be a valid alternative to OCS. Other alternatives are to have no treatment performed or no pain medications or sedative agents used. If you have any questions regarding any treatment alternatives, please ask your treating dentist or your treatment consultant. **I understand and have been informed of my possible alternative options to OCS.**

RISKS & INCONVENIENCES:

Virtually all forms of medication, including oral sedatives, have some risks and possible side effects. Pain medication or sedative agents can, among other things, alter your judgment and work performance, and you should plan accordingly. With OCS, you may experience relaxation or drowsiness, a reduced sense of fear or anxiety, increased tolerance to discomfort, an altered perception of time, tingling sensations, giddiness or lightheadedness, clumsiness, or unsteadiness, nausea, hallucinations or dreams. Less common side effects include blurred vision, memory loss (which many people deem desirable for dental treatment), or "rebound insomnia" for several days. Rare side effects include agitation, behavior changes, convulsions, hypotension, skin rash or itching, sore throat, fever, chills, unusual tiredness, increased heart rate, hyperactivity or weakness may occur. If you experience any unpleasant affects, before or after your procedure, please inform the doctor or assistant as soon as possible. There is also a chance of an allergic reaction to the sedation medication that may include: itching, hives, redness of the skin, swelling or sweating. If you notice any of the symptoms you must contact your dentist or other medical professionals immediately. **I understand the risks and inconveniences that may result from OCS and these have been thoroughly explained to me.**

OTHER PATIENT RESPONSIBILITIES:

You agree to keep your follow-up appointments and to follow recommended treatments as well as follow other precautions and recommendations that may be provided as part of your pre-op or post-operative instructions. You will not be able to drive or operate machinery while taking oral sedatives and for 24 hours afterwards. Therefore, you will need to have arrangements for someone to drive you to and from your dental appointments while taking oral sedatives. **I understand that I must follow all the recommended treatments and instructions**

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of my doctor. I also understand the possible effects that sedatives will have on me following OCS.

PATIENT QUESTIONS:

The patient has the right to be completely informed before they give their consent to a procedure. If you have any questions about the OCS, about this form, or any other topic, be sure to discuss this with your treating dentist prior to beginning treatment. **I understand that I have the right to question any portion of my treatment and to have a thorough and complete explanation to any question I may have from a qualified person.**

UNFORSEEN CIRCUMSTANCES:

You may also want to designate in writing a person to make any needed decision regarding your treatment while you are in a sedated state. If you do not designate such a person, you authorize the dental practice doctors to use their professional judgment in making decisions regarding your treatment as the circumstances warrant in fulfilling the health-related, functional and aesthetic objectives set out in your treatment plan and clinical records, *including abandoning the original treatment plan if medically/professionally necessary*. **I understand that unforeseen circumstances may arise that may necessitate a decision being made on my behalf. I have the right to designate the individual who will make such a decision.**

PATIENT'S DESIGNATED DRIVER

I have given the front desk the name and telephone numbers (primary and secondary) for your designated driver (who must be over 19 years of age).

FOR ALL PATIENTS

I understand that every reasonable effort will be made to ensure the success of my treatment. I further understand that each person and treatment situation is unique, and therefore, no guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above.

I understand that all medications in this office have the potential for accompanying risks, side effects and drug interactions. They can cause redness and swelling of the tissues, pain, itching, vomiting and/or anaphylactic shock. I attest that to my knowledge, I have given an accurate report of my physical and mental health history. I have also report any prior allergic or unusual reactions to drugs, food, insect bites, anesthetics, pollens, dust, blood or body diseases, gum or skin reactions, abnormal bleeding or any other conditions related to my health.

I have been given the opportunity to ask questions about Oral Conscious Sedation and believe that I have sufficient information to give my consent as noted below.

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CONSENT

I have been informed, both verbally and by the information provided on this form, of the risks and benefits and alternatives of the proposed treatment. I have been informed, both verbally and by the information provided on this form of the material risks and benefits of alternative treatment and of electing not to treat my condition. I certify that I have read and understand the above information and that the explanations referred to are understood by me, that my questions have been answered. I authorize and direct the dentist to do whatever he/she deems necessary and advisable under the circumstances. I consent to have the above-mentioned treatment. While the treatment may be covered by my medical and/or dental insurance, I accept any financial responsibility for this treatment and authorize treatment.

If I am signing for a minor child, I attest that I am the parent and/or a legal guardian or I have the permission of the child's parent and/or a legal guardian (a separate authorization form is required). If I am signing for an adult, I attest that I am a legal guardian and am authorized to make medical and financial decision on patient's behalf.

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