



Halcion—A sedative to make your dental appointment easier

Halcion (Triazolam) is a benzodiazepine medication (in the same drug family as valium). In a dental setting it is typically used to place a patient at ease for any procedure which causes anxiety. As it typically causes amnesia it is possible that you will remember very little if any of your visit with us when the drug is taken. Additional side effects include sleepiness, dizziness, headache, confusion and poor coordination.

Pre-operative Instructions

- Patient to arrive 1 hour prior to scheduled treatment time to have Halcion administered
- No solid foods, fluids or water 2 hours prior to treatment. For diabetics, please discuss diet with us.
- Take routine medications the night before
- No alcoholic beverages 48 hours prior to treatment

Post-operative Instructions

- Must have a responsible adult to pick-up and remain with patient for remainder of day and during night. Under no circumstances can a patient drive themselves home, take city transit or a cab
- Do not operate any motor vehicles, power tools, boats, motorcycles, aircraft or machinery for 24 hours, or longer if drowsiness or dizziness persists.
- Do not sign into any legal contract for 24 hours
- Do not drink alcoholic beverages or grapefruit juice 24 hours prior to and after treatment
- Drink extra fluids for 6 hours after treatment. Resume food intake as tolerated

CONSENT FOR ORAL SEDATION

- _____ I am in good health, and have had a complete physical examination by a physician within the last 2 years.
- _____ I am not currently taking any medication except that which I have disclosed to the dentist and/or team members.
- _____ I have no allergy(ies) to any medication except that which I have disclosed to the dentist and/or team members.
- _____ I agree to have an adult attend to me in my recovery for a minimum of 6 hours after I am dismissed from the dental office.
- _____ I have read the above information and understand the effects of oral sedation and will abide by the post-operative instructions.

Name of Patient _____ Signature (Parent or Guardian if under 18) _____

Date _____ Witness (Dentist or team member) _____