KEYSTONE
PERIODONTICS & IMPLANTOLOGY

Oral Sedation Informed Consent

As part of your periodontal treatment, oral sedation may be recommended to reduce anxiety and improve comfort during dental procedures.

The oral sedative medications that may be prescribed and administered include:

- Diazepam (Valium®) 2 mg
- Triazolam (Halcion®) 0.25 mg

These medications are benzodiazepines that affect the central nervous system and may produce relaxation, drowsiness, decreased anxiety, impaired coordination, and partial or complete memory loss of portions of the dental procedure. The doctor will determine the appropriate medication regimen based upon my medical history, current health status, age, medications, treatment needs, and response to sedation.

RISKS AND POTENTIAL COMPLICATIONS OF ORAL SEDATION
Oral sedation carries risks that may include, but are not limited to:

Most Common Side Effects:
Drowsiness, Sleepiness, Fatigue, Dizziness, Unsteadiness while walking, Delayed reaction times, Temporary memory loss or amnesia, Reduced alertness, Dry mouth, Headache, Nausea, Vomiting, Blurred vision.

Less Common Reactions:
Confusion, Disorientation, Mood changes, Agitation, Excitability, Restlessness, Paradoxical reactions (increased anxiety, hyperactivity, or agitation), Allergic reactions.

Serious Risks:
Although uncommon, serious complications may occur, including: Excessive sedation, Loss of consciousness, Airway obstruction, Respiratory depression, Reduced oxygen levels, Aspiration of stomach contents, Cardiac complications, Need for emergency medical treatment, Hospitalization, Permanent injury, Death.

No sedation technique is entirely risk-free and that unforeseen complications may occur despite appropriate precautions.

MEDICATION AND SUBSTANCE INTERACTION
Oral sedatives may interact with:

- Prescription medications
- Over-the-counter medications
- Herbal supplements
- Opioid pain medications

- Sleep aids
- Muscle relaxants
- Antihistamines
- Alcohol
- Cannabis products
- Recreational drugs

These interactions may increase the risk of excessive sedation, respiratory depression, injury, or other serious complications. Please ensure you have disclosed all medications, supplements, and substances that you currently use.

PATIENT ACKNOWLEDGEMENT
I acknowledge that:

- I have read this form to it's entirety.
- The nature and purpose of oral sedation have been explained to me.
- The medications that may be used, including diazepam (Valium®) 2 mg and triazolam (Halcion®) 0.25 mg, have been discussed.
- The risks, benefits, and alternatives to oral sedation have been explained.
- No guarantees have been made regarding the effectiveness of sedation or treatment outcomes.
- I have received and read the **separate oral sedation instructions form** and will comply to the instructions fully.
- I recognize that unforeseen conditions may be discovered during the course of the procedure that require a modification of the planned treatment. I hereby authorize and consent to such additional or alternative procedures and treatments as, in the professional judgment of the healthcare provider, are necessary and in my best interest.
- I have had the opportunity to ask questions and all questions have been answered to my satisfaction.

I voluntarily consent to oral sedation as deemed appropriate by my treating periodontist.

I**MPORTANT:** This consent form must be carefully reviewed and signed **before taking any prescribed oral sedative medication**. Failure to complete and sign this form prior to medication administration will result in cancellation or postponement of your procedure and will be subject to the practice's cancellation fee policy.

Patient's name (printed):_____

Patient's signature:_____Date:_____

Witness name: _____

Witness signature: _____Date:_____