

Gregory D. Eller, DMD PC

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Consent Documentation for Dental Sedation Procedures

1. I authorize and direct Dr. Eller to perform upon (myself or patient's name) _____ the following dental procedure:
Halcion (triazolam) oral sedation.
2. I understand, through discussions with Dr. Eller the nature and purpose of this procedure. I also understand what alternative treatments are available and the advantages and disadvantages of each, including no treatment. The alternative treatments that have been discussed are: no sedation, fear counseling, sedation with nitrous oxide, sedation with oral Valium, referral to a dentist who will use IV sedation or general anesthesia including going to a hospital for a general anesthetic.
3. I understand that there are various risks, consequences, or complications that may result from performing this procedure. I acknowledge that some of the risks, consequences, or complications include, but are not limited to: amnesia of the procedure and for some time before and after the procedure, hyperactivity (being more active than normal), dizziness, loss of coordination, and/or sleepiness.
4. I understand that there is no guarantee that the dental procedure will be successful; however, the procedure is desired and intended to result in improved oral conditions.
5. I agree that a verbal discussion with Dr. Eller has outlined why the procedure is recommended, what alternative treatments are available, what risks, consequences and complications may result from the procedure, and that all my questions have been answered satisfactorily. I also agree that all blanks above on this consent form were filled in before I was asked to sign it.

Patient or Guardian Date: _____ Time: _____

Relationship to patient (or put self) Witness

I certify that I have discussed the above with the patient and that all blanks were filled in before signing.

Dr. _____ Date: _____ Time: _____