

**Brannon Dental Group**  
21809 N. Scottsdale Rd. Ste C105  
Scottsdale, AZ 85255

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## **Consent of Oral Sedation**

I understand that I will be prescribed an Oral Sedation of Halcion to be filled at a Pharmacy prior to my Dental Appointment. I understand that I am to follow the instructions on the bottle prior to my dental appointment.

I understand that this Medication is a Sedative Medication Only. I understand that I am not to drive myself **To** and **From** my Dental Appointment.

I understand that I am **not to drive or operate any machinery** while under the influence of this Sedative Medication.

I understand that while I am under the influence of the Sedative Medication I may experience **Amnesia**.

I understand that the doctor may have to change the Treatment Plan due to unforeseen circumstances, and I hereby give the doctor permission to act on what he/she believes is in my best interest.

I understand I will be told of this change when I am out from the influence of the Sedative Medication.

**I understand that I am to have a responsible party wait in the waiting room during my ENTIRE appointment.**

I understand that I am to pay all monies due for the appointment prior to the date of service or have my responsible party pay for my scheduled treatment prior to me being taken back in to the operatory for treatment.

I understand I will call the office, if I have any concern of the post operative affects of the medication.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name – Please Print

\_\_\_\_\_  
Staff Member - Signature