

Ativan (Lorazepam) is a medication that can greatly minimize anxiety that may be associated with going to the dentist. In a relaxed state, you will still be able to communicate with the dentist while treatment is performed. Even though it is safe, you should be aware of some important precautions and considerations.

1. Do not drive for 24 hours after you have taken the medication. while peak effect occurs between 1 and 2 hours and most people feel normal after 6-8 hours, full recovery takes longer. For safety reasons and because each person reacts differently, you should not drive, operate machinery, or make important decisions the remainder of the day. It is required for someone to drive you to and from your appointment. It is also required that someone stays in our office for the duration of your appointment. _____

2. Side effects may include, but are not limited to: light-headedness, headache, dizziness, visual disturbances, amnesia and nausea. To reduce nausea do not eat or drink opaque liquids (coffee, milk, orange juice) for at least 6 hours before your appointment. You may drink clear liquids (water, apple juice) and have a light breakfast up to 2 hours before the procedure. If your appointment is an all-day procedure, we'll provide a smoothie or shake. _____

3. There is no guarantee that this form of sedation will achieve all desired result. _____

4. On the way home from the dentist, your seat in the car should be in a reclined position. When at home, lie down with your head slightly elevated or on your side. Someone should stay with you for the next several hours because of possible disorientation and possible injury from falling. _____

5. This medication should not be used if: You are hypersensitive to benzodiazepines (Valium, Halcyon, Versed, Etc.), You are pregnant or breast feeding or you have liver or kidney disease. Inform your doctor or any team member of all medication you are taking, as it may interact with this sedative medication to be used. _____

6. Take Medication (Ativan) as Prescribed. It is important that you follow instructions for taking this medication exactly as your doctor has prescribed. _____

7. Consent Forms and Instructions for my scheduled treatment have been provided, reviewed and signed before any sedative medication was taken. _____

I, _____, understand these considerations and am willing to abide by the conditions stated above. I have had an opportunity to ask questions and have had them answered to my satisfaction.

Patients Name
(please print)

Doctors Name
(please print)

Date

Signature of
Patient, or
Guardian

Witness Name
(please print)