

# Oral Surgery Pre-Op Instructions

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Chart Number \_\_\_\_\_

## Intravenous Sedation or General Anesthesia

1. The night before surgery, eat light and easily digestible food. Do not consume alcoholic beverages and make sure that you get a good night's sleep.
2. **Do not smoke anything**, including marijuana and do not use any social drugs **48 hours prior** to surgery.
3. Do not eat or drink anything **8 hours prior** to your appointment. **NO FOOD and NO LIQUIDS (except a minimal amount of water to take necessary medications).**
4. If you are currently taking **ANY** medication, please inform the doctor of the medication you are taking **BEFORE** your scheduled surgery date.
5. Your mouth and teeth should be well cleansed to avoid infection. While rinsing your mouth, avoid swallowing the water.
6. Clothing Requirements: All patients should wear a short-sleeved shirt and closed-toed shoes. Shoes should be flat, preferably sneakers and not high heels. No nail polish.
7. A driver must be present **at all times** during your surgery. You **must not** operate any vehicle or device until completely recovered from anesthesia. This may take at least 24 hours.
8. If you are unable to make your appointment, please call the office 72 business hours in advance. **There will be a \$100.00 fee for any cancelled appointment without 3 business days notice.**

*NOTE: Please call the office if symptoms of a head cold, chest cold, or any changes in your health arise. Changing your appointment may be necessary.*

**I acknowledge the receipt of and understand the instructions for intravenous sedation or general anesthesia.**

Oral Surgery Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_

Post Operative Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_

Patient Full Name (Print) \_\_\_\_\_

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

Witness Signature \_\_\_\_\_