

# Periodontal Pre-Op Instruction Form

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

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Procedures (indicate tooth # or quad)

1. Dental Implant \_\_\_\_\_
2. Osseous Surgery \_\_\_\_\_
3. Bone Graft w/ or w/o membrane \_\_\_\_\_
4. Tissue Graft \_\_\_\_\_
5. Crown Lengthening \_\_\_\_\_
6. Gingivectomy \_\_\_\_\_
7. Other \_\_\_\_\_

- Wear comfortable clothes with loose fitting sleeves. No jewelry. Remove contact lenses.
- We suggest having something to eat prior to you surgery (unless you are an IV sedation patient) especially if you are diabetic.
- IV sedation patients should not eat or have anything to drink at least 6 hours prior to the appointment. High blood pressure, diabetes, or pre-meds may be taken with water.
- If you have problems with or are taking medication regularly it would be wise to consult your physician before surgery. (Please advise the doctor prior to surgery if you are currently taking anticoagulants, blood thinners, high blood pressure medication, or insulin). If taking aspirin you will need to discontinue taking it seven (7) days prior to surgery.
- You may need to be off work or school for one day after surgery.
- A parent or legal guardian must accompany minors.

**There will be a \$100.00 fee for any cancelled appointment without 2 business days notice.**

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