

PRE-ANESTHESIA PATIENT INSTRUCTION SHEET

Patient's Name: _____

Date: _____

Diagnosis: _____

Proposed Procedure: _____

Many oral surgery procedures can be performed in the office with the aid of nitrous oxide and oxygen ("laughing gas"), oral sedation, IV sedation, or general anesthesia. By having one of the above mentioned anesthetics, you can approach your oral surgery knowing that it will be a safe and comfortable procedure.

If you will be receiving medication by vein, along with local anesthetic, certain pre-operative instructions must be strictly followed.

1. **NOTHING** to eat or drink 6 hours before your surgery.
Your last meal 6 hours before your surgery will be a clear liquid diet (water, tea black, coffee, sport drinks, or fruit drinks without the pulp). No solids or dairy products.
2. A responsible adult (18 years or older) must be with you in the office **AT THE TIME OF SURGERY** to drive you home and remain in the office during your surgery. Also, this person should plan to stay with you for 4 to 6 hours afterwards or longer if necessary, until the medication has completely worn off.
3. **Anyone under 18 years of age must be accompanied by a parent or a guardian no exceptions.**
4. Your judgment or reflexes may be impaired following anesthetic, therefore, you should refrain from driving a car or operating machinery for 24 hours after surgery.
5. No smoking for 24 hours before surgery and 48 hours after surgery.
6. Due to the fact that an IV will be started in your arm, please wear a shirt/blouse with loose fitting sleeves. Additionally, monitor leads are attached to your chest, arms, and fingers. Therefore, females **DO NOT** wear nail polish on your right index finger and do not wear panty hose or a dress. Due to the need to have you laying back in the dental chair and having your head tilted upward; do not arrange your hair in a ponytail or bun at the back of your head.
7. **DO NOT** wear your contact lenses when you come for your surgical appointment.
8. Please empty your bladder immediately prior to your appointment time.
9. Your usual medications should be taken as indicated by your family doctor, unless instructed otherwise by our office. Please take them with as little water as possible.

Additional Instructions:

Please call our office if you have any questions or concerns before your surgery or are unable to keep you appointment at _____.

Patient Signature

Date

Guardian or Parent Signature