



## THE DENTAL SPECIALTY CENTER

ORTHODONTICS • ENDODONTICS • PERIODONTICS • ORAL SURGERY

### PREOPERATIVE INSTRUCTIONS

1. **Nothing to eat or drink after midnight the day before surgery.** Food in the stomach can cause vomiting and aspiration into the lungs. This includes coffee, gum, and candy.
2. **Refrain from any recreational drug use, including marijuana, 72 hours prior to surgery.** Any drug use can interfere with the administered anesthesia.
3. **NO Muscle Relaxers 48 Hours Prior to Surgery**
4. **You must arrive 30 mins EARLY** to fill out any consents, and have cardiac monitors placed. *(Arriving late or no show may result in you not being seen or given another surgery)*
5. **You must have a suitable escort to drive you to the appointment, and remain in the building for the entirety of the procedure, and drive you home.** *(Transportation services do not count as an escort, as well as no minors.)*
  - **Do NOT bring any small children or multiple family members/friends to the appointment.**
6. From head to toe:
  - **NO** contact lenses
  - **NO** piercings, jewelry, or metal on the body
  - **NO** fingernail polish on index finger of both hands
  - **NO** shorts, dresses, or slip on/open back shoes
  - **NO** cell phones or wallets
  - Please wear a short sleeve shirt to allow us visibility of your mid arm for IV placement. **NO thick sweaters or long sleeves.**
7. If you take daily medications, **please take ALL your usual medications with a SMALL sip of water.**
  - Be aware that taking aspirin, motrin, or herbal products can cause prolonged bleeding, just alert the doctor if you have been on any.
8. Any changes in medications or allergies must be alerted prior to your surgery. Please call the office to report any changes.
9. If you become ill prior to the surgery date, please notify our office at least 24 hours in advance. This includes fevers, colds, the flu, respiratory, or GI issues.
10. **Asthma patients: Bring your inhaler to the appointment, as well as do any at home nebulizer treatments prior to arriving at the office.**

**BRING A BLANKET!!!!!!**

By my signature, I acknowledge that I have read, understand, and agree to all instructions and policies given prior to procedure.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_