

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

**Appointment Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appointment Time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before I.V. Anesthesia Sedation:**

* You may **NOT** have anything to eat or drink (**including water**) for six (6) hours prior to the appointment.
* No smoking at least twelve (12) hours before surgery. Ideally, cut down or stop smoking as soon as possible prior to the day of surgery.
* A responsible adult must accompany the patient to the office, remain in the office during the procedure and drive the patient home.
* The patient should not drive a vehicle or operate any machinery for 24 hours following the anesthesia experience.
* Please wear short sleeved shirts or loose fitting clothing with sleeves. Preferably no dresses or heels.
* Contact lenses, jewelry and dentures must be removed at the time of surgery.
* Do not wear lipstick, excessive makeup or nail polish on the day of surgery.
* No personal items (purses, cell phones, etc) will be allowed in treatment rooms.
* If you have an illness such as a cold, sore throat, stomach or bowel upset, please notify the office.
* If you take routine daily medications, please check with the oral surgeon prior to your surgical date for instructions.

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Patient Signature or Legal Guardian Date