FAMILY DENTAL ASSOCIATES

PRE-OP INSTRUCTIONS

You may not have anything to eat or drink (including vappointment. You should, however, take any medications that your surgery with a small sip of water. If you are receiving intravenous (if you should not eat or drink after midnight. If you are receiving intravenous should be eaten 6 hours before surgery.	urgeon has directed you to take before i.e.) sedation for a morning surgery,
Make arrangements to have someone bring you to your appoin drive you home after your appointment. We require that a responsible following surgery and have someone with you for 24 hours.	nsible adult escort you home
A parent or guardian must sign for and accompany anyone who	o is a minor under 18 years of age.
Please wear comfortable loose fitting clothing with short sleeve jewelry, dentures, and any non-fixed foreign appliances must be remove cosmetics or high heeled shoes. Do not wear nail polish or make up. Do I	d. Females should not wear jewelry,
If you regularly take medication prescribed by your physician, possible inhalers). All medication should be taken as prescribed unless you blood pressure medicine). Diabetics taking insulin are usually advised to dosages prior to a morning surgery. <i>Please ask the doctor for specific insulin</i>	ou are told otherwise (such as high take one half their usual morning
Patients having intravenous anesthesia will require time to reco surgery (usually one half to one hour). Please be aware of this in schedul home. Arrange to have the entire day off work, and limit your activity for	ing arrangements for transportation
Do not drive an automobile or operate any machinery (i.e. kitch tools, etc.) for 24 hours after surgery. Please follow the guidelines and lir be taking after surgery, further restrictions may be necessary.	
Do no drink alcoholic beverages until at least 48 hours after sur or sign legal documents.	rgery. Do not make important decision
Call the office as soon as possible if you have any of the follow as: stuffy nose, sore throat, cough, sinus drainage, fever	ving "cold" or "flu" symptoms, such
Your appointment for surgery is on:	at
Employee who set up the appointment:	
Patient/Guardian Printed Name:	
Patient/Guardian Signature:	_ Date:

If you have any questions please call 478-971-7701