

Instructions for Office Sedation Surgery

1. DATE OF SURGERY: _____

Arrival time: _____

2. **DO NOT EAT** any solid foods from MIDNIGHT before your scheduled surgery.
DO NOT DRINK any fluids (including water) for **6hrs** prior to surgery.

No Alcohol or marijuana for a min. of 12hrs prior to surgery

3. Arrange transportation to and from the office. You **MUST NOT** drive or operate heavy machinery for 24 hours following surgery.

4. A responsible adult must accompany the patient to the office, remain in the office during the procedure *and* be at home with the patient for the day/evening of the surgery.

5. Remove all make-up, nail polish, artificial/acrylic nails, contact lenses or jewellery (remove nose piercings). Please wear clothing with short sleeves. Leave any dentures at home unless instructed.

6. Any inhalers /epi pens must be brought to the appointment.

7. **Take any prescribed medications as directed:**

Take 1 Ibuprofen (600mg) the night before and 1 Ibuprofen(600mg) **1 HOUR** prior to surgery with **ONLY** sips of water.

Take antibiotics prior to surgery. _____

If you take routine oral medications, please check with the Doctor prior to your surgical date for instructions. _____

STOP: _____

8. You are responsible for any balances not covered by your insurance.

Please bring all paperwork from your insurance.

9. We accept Visa, M/C, Debit, Cash for payment.