

IMPORTANT REMINDERS FOR PATIENTS HAVING IV SEDATION

Before Surgery- Do NOT have solid foods or liquids (including water) after midnight the night before your surgery. You can brush your teeth but do not swallow. Do not smoke or use recreational drugs 24 hours prior to your surgery.

Leave any jewelry (rings, earrings, tongue rings/nose rings, bracelets, etc.) at home. **Do NOT wear make-up, lotion, or contact lenses. NO false fingernails or fingernail polish** on the right and left index finger. Please put long hair up in a bun or braids. Please wear comfortable, loose fitting clothing and **short sleeves**. (Ex. sweats, t-shirts).

Have an adult accompany you to the office and prepared to STAY here at the office to drive you home. **This person should be able to tolerate verbal and visual after care instructions without becoming nauseous or lightheaded.** NOTE: Drivers- **DO NOT BRING ANY FOOD OR DRINKS INTO OUR WAITING ROOM FOR THE CONSIDERATION OF OUR PATIENTS.** Our waiting room is kept very cold so dress accordingly or bring a jacket.

Patients still living at home or under (18) years of age MUST have a parent or legal guardian present to sign the consent forms on the day of the surgery.

After surgery, you will be released from the office when you are able to walk (with assistance), you are oriented, blood pressure and pulse are normal and you show no signs or symptoms of complications. We recommend a responsible care-giver stay with you throughout the day to be sure you are NOT up and moving around, as you may feel dizzy or light-headed.

We will give you a reminder call several days before the surgery to confirm and go over instructions listed above. If we have to leave message, please **call back within 24 hours to confirm.** ****We do reserve the right to cancel your surgery if you do not call back to confirm!**** If you need to change or cancel your surgery, we would like **at least (1) week notice** so that we may schedule another patient if needed.

As always, if you have any questions (no matter how small) please call our office prior to the surgery. Our goal is to help you feel as comfortable as possible with your upcoming surgery.

Appointment Date: _____ **Time:** _____