

Instruction for Oral Sedation (Valium®, Ativan®, Halcion®) and Local Anesthesia

After consultation, you may be given a prescription for a “relaxing” (anti-anxiety) medication. Please DO NOT take this medication until instructed at your next appointment.

Meal

- If your surgery will be under local anesthesia alone (no IV placement), it is okay to have a light meal prior to your surgery.
- If you are diabetic, you will be given special instructions about fasting and you should plan to be our first appointment in the morning.

Medications:

- Take all of your regular medications at least 2 hours prior appointment with a minimal amount of water unless you are instructed to do otherwise by a doctor in this office or your primary medical doctor.

Escort:

- A responsible adult must accompany the patient to the office, **remain in the office during the procedure**, and drive the patient home. All MINORS must be accompanied by their legal guardian. There are no exceptions for nannies, grandparents, babysitters, older siblings and etc.

Following Surgery:

- Plan to rest for the remainder of the surgery day. The patient should not drive a vehicle, operate any machinery, or make important decisions for 24 hours following intravenous anesthesia.

Attire:

- Please wear an old **short-sleeved** shirt or blouse and low-heeled shoes. For safety reasons, flip flops or other loose footwear are not permitted

Other Instructions

- Contact lenses, jewelry, and dentures must be removed before surgery.
- Do not wear lipstick, excessive makeup, or **nail polish** on the day of surgery.
- The use of alcohol or recreational drugs can have an adverse effect on the anesthesia medications that we use. Please discontinue the use of such for at least 72 hours before your procedure.

Recent Sickness:

- If you have an illness such as a cold, sore throat, or stomach or bowel upset, please notify the office. 24 hour notice is greatly appreciated.

Women, please note: Some antibiotics may interfere with the effectiveness of birth control pills. Please check with your pharmacist.

If, for some reason, you are unable to keep your surgery appointment, we request 48 hours notice of cancellation.

Printed Name: _____

Signature: _____