



Pre-Operative Instructions for Oral Conscious Sedation Patients

Patient to review and initial where indicated below and bring this form to the appointment.

- **You must have a driver (an adult 18 years or older) escort you to and from your appointment.** Please keep in mind, sedatives may cause slight temporary amnesia, so it is important not to be left alone until the next morning following your procedure. Although you may feel functional and clear, this is not a time to make decisions nor is your chaperone/driver advised to follow your directions.
- **You should not eat or drink for 6 hours prior to the scheduled appointment time.** A small amount of water is ok to take with medications.
- You should not drink any alcohol or take any recreational drugs for 24 hours prior to procedure.
- We suggest you dress in comfortable (loose fitting) clothes. Please wear minimal makeup and no lipstick. Please feel free to listen to music during your procedure.
- Please brush your teeth prior to your appointment.
- Please fill your prescription(s) prior to your appointment and take as directed.
- **Blood Thinners/Aspirin:** If you are taking **more** than 81mg, you **must** obtain written authorization from your prescribing physician as to when you can discontinue or reduce your dosage. We will ask you to discontinue this type of medication **5 - 7 days prior & two days after** your treatment.
- **Rest:** Please allow 24 - 48 hours of rest following your procedure. Please allow 48 hours before resuming exercise, as to not elevate your blood pressure and heart rate. Sleep with head elevated for the first night or two, placing a towel over pillow as drooling may occur.
- **Smoking:** Please refrain from smoking (including Marijuana) **48 hours prior** to your procedure and a minimum of **two weeks following**. Continuing to do so may delay your healing process and the outcome of your procedure as well as increase discomfort.
- Please allow **three business days'** notice for rescheduling to avoid a cancellation fee.
- For Women: There is no chance that I might be pregnant. _____ (initial)
- There has been no change in my medical history since my last consultation. _____(initial)

I certify that I have read and fully understand this document.

Patient's Name:

Patient's Signature:

Date: