**PRE-SURGICAL INSTRUCTIONS FOR PROCEDURES WITH IV SEDATION**

**Do not eat or drink 6 hours prior to your appointment time.**

**Avoid any beverages containing caffeine the evening before and the morning of your surgery. Caffeine may increase blood pressure and acts a diuretic, causing interruptions in the surgery.**

**Take all current daily medications prescribed by your physician; *do not alter your daily routine unless specified by your surgeon or physician.***

**Antibiotic-premedication, should be taken, as directed prior to surgery.**

**Patients who need inhalers please bring them with you on the day of surgery.**

**Patients with Diabetes should consult with your doctor regarding management of blood sugar levels prior to surgery. Bring your *glucometer* to your surgical appointment. We will test your blood sugar level prior to beginning sedation.**

**If you wear contact lenses, please do not wear them on the day of surgery.**

**Wear short sleeves to your surgical appointment, to allow for placement of monitoring equipment.**

**If you have an occlusal appliance, night guard, or bite guard, bring this with you on the day of surgery to make sure that it will be safe to wear afterwards.**

**If you are being treated with sedation, ORAL or INTRAVENOUS, you will need an escort to/from your appointment. Public transportation, taxi cab, personal driver and/or walking home are prohibited.**

***An escort is a family member or trusted friend, over the age of 18 that can remain with you for the remainder of the day post surgery. A name and contact number will be requested on the day of your procedure.***

I have received and read the above instructions for preparation of my surgical procedure with Periodontal Medicine and Surgical Specialists. I understand that if these instructions are not followed, my procedure may be aborted, and I may be liable for a surgical supply set up charge for the supplies opened and prepared for my treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date