

Pre-surgical Instructions

Patient Name: _____

Birth Date: _____

Today's Date: _____ Surgery Date and Time: _____

Intravenous (conscious) sedation is especially worthwhile for patients who are young, fearful or anxious.

- Sedation**
1. Eliminates pain, anxiety and stress
 2. Allows total comfort during lengthy procedures
 3. Makes the patient unaware of the surrounding and the ongoing surgery
 4. Is safe when administered by a trained professional

It is extremely important that you follow these instructions prior to your appointment for surgery.

- 1) **No food or drink within six (6) hours of your appointment.***
If your appointment is in the morning, you should not have anything to eat or drink after midnight the night before your appointment. If your appointment is in the afternoon, you should have a light breakfast in the morning, as long as you finish your meal six (6) hours before your appointment.
* You may take any medications prescribed for your appointment with a small sip of water. If you are not sure if you should be taking your medications, please contact our office.
- 2) **Pain and infection control – TAKE MEDICATIONS AS DIRECTED**
If Dr. Burns instructed you to take Ibuprofen or an antibiotic before your appointment, you may take them 1 hour prior to your appointment with a small sip of water. If he has not instructed you to do so, then you do not need to take any medications before your appointment.
- 3) **Do not drive the day of your appointment.**
You will be sedated during your appointment. Your escort must be a responsible adult (18 or older). They must stay in our office during the surgery and drive you home. Do not plan on working the day of your appointment or while taking any narcotic pain medications.
- 4) **Do not take any sleeping medication, alcohol, drugs or tranquilizers for 12 hours before and after surgery.**
- 5) **If you are not able follow these instructions, we cannot complete the planned treatment. Your safety is our number one priority.**

I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY

Patient/Legal guardian Signature

Date