PRE-OP INSTRUCTIONS FOR
GENERAL ANESTHESIA & ORAL CONSCIOUS SEDATION

Any patient planning on having general anesthesia (IVS) or oral conscious sedation (OCS) must comply with the following regulations for their safety:

1. You may not have anything to eat or drink (including water) for eight (8) hours prior to (before) your appointment.
2. A responsible adult over the age of 18 must accompany the patient to the office, remain in the office during the procedure, and drive the patient home. We also ask that the patient have someone with them during the day of surgery once they are at home.
3. Contact lenses, jewelry, and dentures must be removed at the time of surgery.
4. No smoking or vaping at least 24 hours before surgery. Ideally, cut down or stop smoking/vaping as soon as possible before the day of surgery. No marijuana use for 72 hours before or after surgery.
5. The patient should not drive a vehicle or operate any machinery for 24 hours following general anesthesia or oral conscious sedation.
6. Do not wear lipstick, excessive makeup, or nail polish on the day of surgery. Please wear comfortable closed-toed shoes – no flipflops, slides, or slippers.
7. If you take routine oral medications, please check with our office prior to your surgical date for instructions.
8. You must be healthy and well to undergo general anesthesia or oral conscious sedation. Please call our office if you get a cold, sore throat, congestion, sinus problems or any other respiratory infections within one week of your scheduled surgery.

Please realize that the above instructions are for your safety and comfort. Failure to observe these recommendations may result in the cancellation or your surgery.

Allotted surgery time has been reserved specifically for **YOU**. **If cancellation becomes necessary, please allow 48 hours notice so other patients will not be inconvenienced. Depending on the circumstances, failure to notify our office of unkept surgery appointments will result in an additional charge to your account.**

Patient: _____Surgery Date: _____Time: _____