



Before Intravenous Anesthesia Sedation

If you plan to be asleep or sedated, you must follow these instructions:

- You may not have anything to eat or drink (including water) for 6 hours prior to the appointment.
- Take your routine oral medication with a small sip of water. UNLESS INSTRUCTED OTHERWISE BY OUR OFFICE.
- No smoking for at least 12 hours before surgery. Ideally, cut down or stop smoking as soon as possible prior to the day of surgery.
- A responsible adult must accompany the patient to the office, remain in the office during the procedure, and drive the patient home.
- The patient should not drive a vehicle or operate any machinery for 24 hours following anesthesia.
- Please wear loose fitting clothing with sleeves which can be rolled up past the elbow, and low-heeled shoes.
- Large jewelry, and dentures must be removed at the time of surgery.
- Remove all facial piercings (tongue, lip, nose, etc.)
- Do not wear lipstick, excessive makeup, or long fake nails on the day of surgery.
- If you have an illness such as a cold, sore throat, stomach or upset bowels, please notify the office.
- If you take routine oral medications, please check with Dr. Johnson prior to your surgical date for instructions.

Before Local Anesthesia

If you do not plan to be asleep or sedated during the procedure and you are scheduled for local anesthesia only; you may eat prior to the appointment, and it is not necessary to bring an adult with you to the office unless you are under eighteen years of age.

Before Nitrous Oxide Gas Anesthesia

- A responsible adult must accompany the patient to the office, remain in the office during the appointment, and drive the patient home.
- You must have nothing to eat or drink (including water) for 6 hours prior to the appointment.

- You should not drive a motor vehicle or operate any machinery for 24 hours after the anesthesia experience.
- Patients may not go back to school or work after nitrous oxide gas anesthesia. A responsible adult must remain home with the patient on the day of surgery.

SURGERY DATE _____ TIME _____

PAYMENT DUE @ SURGERY _____

ESTIMATES ARE GOOD 90 DAYS FROM INITIAL VISIT