Premier Institute
Of Oral & Facial Surgery

Preparing for Surgery

Patient Name:

To prepare for your surgery, you should:

- Wear loose fitting, comfortable clothing with short- sleeved shirt. (not white)
- Remove contact lenses, jewelry, piercings and watches.
- Wear flat-soled shoes that support your ankles.
- Avoid alcohol 24 hours before surgery
- Avoid smoking/vaping nicotine for 24 hours
- Avoid any type of drug use 72 hours before surgery
- Do not wear lip stick or excessive make-up or nail polish on the day of surgery.

Immediately before surgery, you should brush your teeth and rinse your mouth thoroughly to help prevent infection. It is also recommendable to use the bathroom about half an hour before procedure. For a smooth, calm recovery, it is a good idea to have ice packs and soft easy to chew food at home, in advance, prior to your surgery.

Take all regular medications with **A MINIMAL AMOUNT OF WATER** unless instructed to do otherwise by a doctor in this office or your primary medical doctor. If you are taking a blood-thinner make sure we are aware of this.

If you are scheduled to have general anesthesia, (going to sleep): You may not have anything to eat or drink after midnight the night before your surgery. Also, a licensed driver must be with the patient and remain **IN THE BUILDING** throughout the procedure and drive the patient home. Plan to rest for the remainder of the surgery day. The patient should not drive a vehicle, operate any machinery, or make important decisions for 24 hours following sedation.

If you are scheduled to have moderate sedation with a volume medication and nitrous oxide, you are required to show up to the **office 1 hour prior to your scheduled surgery**.

If you have an illness such as a cold, sore throat, or stomach or your bowel is upset, please notify the office. If, for some reason, you are unable to keep your surgery appointment, we request 48 hours' notice of cancellation. **ANY CANCELLATIONS LESS THAN 24 HOURS IN ADVANCE WILL HAVE A $50 PENALTY THAT HAS TO BE PAID PRIOR TO RESCHEDULING.**

Patient or legal Representative Signature Date