

Dr. David Thurber, DDS
Oral & Maxillofacial Surgery
Pre-operative Instructions

1. You may not have any solid food for 8 hours prior to procedure start time.
You are allowed **water and only water** in order to keep hydrated **up to 2 hours prior** to procedure start time.
2. Patients are to take all regular medications as normal. This is especially important for those who take medication for high blood pressure as well as any cardiac or pulmonary medications.
3. If you are taking Coumadin or any other blood thinners and insulin for diabetes, these medications must be managed by your Medical doctor prior to procedure.
4. If you are diabetic, please be aware that your procedure must be scheduled for a morning appointment.
5. A parent or legal guardian must accompany all patients under the age of 18.
6. 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.
7. The patient should not drive or operate machinery for 36-48 hours after Anesthesia and while taking narcotic medication.
8. Please wear loose fitting clothing with short sleeve shirts and low-heeled shoes.
9. Contact lenses, jewelry, and dentures must be removed at the time of surgery.
10. Do not wear lipstick, excessive make up, acrylic nails, or nail polish on the day of surgery.
11. Should you come across any of the following symptom (sore throat, stuffy nose, cough, fever, nausea, vomiting and upset stomach) within a week of your procedure date, please notify the office immediately so we can cancel and reschedule your procedure appropriately.
12. The accompanied adult should keep close observation of the patient for at least 3 hours following dismissal from the office. After 3 hours, observe the patient every 15 minutes for 2 additional hours.
13. Should you have a history of sleep apnea, unstable heart, lung, liver, kidney disease, taking Coumadin as well as any history of taking bisphosphonates either by IV or mouth, you will be required and instructed to obtain a medical clearance from your medical doctor prior to the procedure date.
14. No smoking or drinking for 48 hours prior to the procedure.
15. Please read, sign, and bring this form with you the on the day of the scheduled procedure.

Please notify our office **at least 48 hours prior** to your scheduled procedure if you are unable to keep your appointment.

SIGNATURE _____ DATE _____

I have read the above instructions and understand that my failure to comply may result in delay or postponement of my surgery.

Your Surgery date is scheduled on: _____ @ _____.