

PRE-OPERATIVE INSTRUCTIONS



☐ I.V. Sedation

☐ Nitrous Oxide Sedation (Laughing Gas)

☐ Oral Sedation

☐ Local Anesthesia

****YOUR DRIVER MUST REMAIN IN THE OFFICE****

I.V. SEDATION

- To reduce the chances of nausea, do not eat or drink anything (including water) for at least **six** hours prior to your appointment.
 - If your surgery is in the morning, do not eat or drink anything between bedtime and your scheduled appointment.
 - If your surgery is in the afternoon, a light breakfast before 7:00 a.m. is encouraged.
 - Unless specified by **your** doctor, all medicines taken on a routine basis should be continued without interruption. Please take your normal medications with a minimal amount of water.
 - A responsible adult, over 18 years of age, must accompany you to the office and remain in the office throughout the entire procedure. Following the sedation, this responsible adult should remain with you for the next 24 hours.**
 - Minors (persons under the age of 18 years) must be accompanied by a parent or legal guardian.
- If receiving intravenous "I.V." sedation, you should wear clothing which is not restricting to the neck or arms. You should wear loose-fitting tops that are short sleeve or the sleeves can be rolled up to the shoulder. You should also wear shoes that tie on. **(NO FLIP FLOPS)**
- Following the sedation, you should refrain from driving an automobile or from engaging in any activity that requires alertness for the next 24 hours.
- Please go to our website at www.georgia-oms.com under Wisdom Teeth "Parent's Corner" to find grocery lists, FAQ's, and more about the surgery

LOCAL ANESTHESIA AND NITROUS OXIDE

Little or no special preparation for either of these types of anesthesia is required other than a current medical history and a continuance of all your routine medical prescriptions, (i.e. Blood pressure pills).

ORAL SEDATION

- You must take the medication 1 hour prior to your appointment.
- You must not drive for 12 hours following this medication.
- You must have someone drive you both to and from your appointment.
- You must sign your Consent Form prior to taking the medicine

Patient Signature: _____ **Date:** _____

- ☐ Gordon L. Brady, D.M.D.
- ☐ Richard S. Singer, D.D.S.
- ☐ Robert E. Going, Jr., D.D.S.
- ☐ Brett C. Gray, D.M.D., M.D.
- ☐ Steven P. King, D.D.S.
- ☐ Fulton D. Lewis, III, D.M.D.
- ☐ Steven D. Pollack, D.D.S.
- ☐ Mollie A. Winston, D.D.S.
- ☐ Scott E. Tate, D.D.S., M.S.
- ☐ Ravi Chandran, D.M.D., PhD
- ☐ James P. McAndrews, D.D.S.
- ☐ Larry P. Parworth D.D.S., M.S.
- ☐ Katelyn H. Conley D.M.D.

SURGERY PREMEDICATION

Take these medications 1 hour prior to surgery with a sip of water.

- ☐ Antibiotic: _____
- ☐ Nausea Pill: _____
 - ☐ Promethazine
 - ☐ Ondansetron
- ☐ Oral Rinse: _____
- ☐ Valium (Diazepam): _____

Your Current Medications:

- ☐ Blood Pressure Pills
- ☐ Bring Asthma Inhaler
- ☐ Stop Aspirin/Blood Thinner: _____ days prior to surgery
- ☐ _____

DIABETIC PATIENTS AND I.V. SEDATION

- ☐ Take a **HALF** dose of your evening diabetic medication
- ☐ **DO NOT TAKE** any diabetic medication The morning of surgery.
- ☐ Schedule morning appointments.
- ☐ Test your blood sugar the morning of Surgery.
- ☐ Bring your blood glucose monitor