



Dr. Gary T. Jones

PRE-SURGICAL AND INTRAVENOUS SEDATION INSTRUCTIONS

1. A responsible adult must be in the office during your procedure and must also drive you home. This is required if you plan to have the I.V. sedation. If someone is not with you, we reserve the right to postpone surgery.
2. If you are a minor, a parent or legal guardian must accompany you for the consultation and/or surgery.
3. Short sleeve shirts or blouses and low-heeled shoes are recommended.
4. If you are wearing contact lenses, please bring your case or wear your glasses.
5. If you are having I.V. sedation/general anesthesia, DO NOT eat or drink anything, including water, for eight hours before your surgery.
6. If you are on prescribed medications, you will take them prior to surgery unless otherwise directed by the surgeon. Take them with small sips of water.
7. Brush your teeth prior to surgery and rinse with customary mouth washes. Do not swallow any water. Your mouth and teeth should be clean to help reduce the risk of postoperative infection.
8. We would recommend that you have someone stay with you during the rest of the day and overnight for the first evening after your surgery.
9. You must bring someone with you to drive you home. Any patient having sedatives or general anesthesia must specifically agree: to NOT drive a vehicle or operate any machinery for 24 hours. NOT to undertake any responsible business matters or responsible tasks for 24 hours. NOT to drink any alcohol for 24 hours.
10. Please call us immediately if you have any symptoms of a head or chest cold or elevated temperature. Your surgery may have to be rescheduled.
11. Failure to comply with above instructions could result in your surgery being cancelled or require surgery to be done under a local anesthetic(only).
12. If you were given prescriptions by our office to take prior to surgery, please follow the directions on the bottle and take all pills with a sip of water.

We look forward to making your surgical experience as safe and comfortable as possible.

Patient's (or Legal Guardian's) Signature _____ Date _____

Witness' Signature _____ Date _____