



MYNSBERGE & RUGGLES

Oral, Maxillofacial and Dental Implant Surgery

Patient: _____ Date: _____

Directions Before Oral Surgery and Anesthesia

THE DAY BEFORE SURGERY:

DO:	DON'T:
<ul style="list-style-type: none"> • Eat well balanced meals • Drink plenty of fluids • Get plenty of sleep • Stock up on: frozen peas (to use as icepacks), soft foods (soups, pudding, jello, applesauce, mac & cheese, mashed potatoes, smoothies, milkshakes, etc.), fluids (water, sports drinks, pedialyte) • Have your Rx's and a large bottle of over the counter Advil (ibuprofen, 200 mg/tab) ready at home 	<ul style="list-style-type: none"> • Exercise heavily • Consume alcohol • Smoke • Eat or drink ANYTHING (including water) for 8 hours prior to your surgery (<i>Doing so could pose a LIFE THREATENING ANESTHESIA RISK</i>) <i>***See attached modified eating instructions for afternoon surgery appointments!</i>

THE DAY OF SURGERY:

DO:	DON'T:
<ul style="list-style-type: none"> • Have a responsible adult drive you to and from your appointment, and be available to spend a few hours after surgery with you at home • Brush your teeth in the morning (But don't swallow the water!) • Use the restroom immediately before coming to your appointment 	<ul style="list-style-type: none"> • Eat or drink anything (including water)!! <i>***See attached modified eating instructions for afternoon surgery appointments!</i> • Exercise • Consume alcohol • Smoke

ATTIRE FOR YOUR SURGERY:

Please DO wear:	Please DO NOT wear:
<ul style="list-style-type: none"> • Loose fitting and comfortable clothing • Short sleeves (sweaters OK, but you will need something short sleeved underneath) 	<ul style="list-style-type: none"> • Jewelry (rings, earrings, bracelets, necklaces) • Heavy make-up, especially lipstick • Gel/Shellac fingernail polish • Contact lenses

IMPORTANT

We will NOT proceed with your IV sedation if you have had ANYTHING to eat or drink within 8 hours of your surgery (even a sip of water) AND/OR if you do not have a responsible adult driver present. For all patients under the age of 18, a parent or guardian MUST be present at the time of surgery.

YOUR APPOINTMENT IS:

DAY: _____

DATE: _____

TIME: _____

If you need to cancel your appointment, please notify us **AT LEAST 48 hours prior** or a **\$175 cancellation fee will be charged**

Estimated cost of surgery:

\$ _____

Your **estimated co-payment DUE DAY OF SURGERY:**

\$ _____

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