

PRE-OPERATIVE INSTRUCTIONS for GENERAL & SEDATION ANESTHESIA

General Anesthesia as well as Conscious Sedation Anesthesia provides the patient with a comfortable, relaxed and anxiety-free surgical experience. To ensure patient comfort and safety, it is necessary for you to follow some important guidelines:

1. **An adult or responsible escort must accompany you to the office** who can take you home after surgery. While it is not necessary for him or her to be present during the procedure, we ask that your escort be present before the procedure.
2. **Do not eat or drink anything (INCLUDING WATER) for at least 8 hours prior to your appointment.**
3. **DO take your regular daily medications unless instructed otherwise by Dr. Johnson, but with as little water possible.**
4. Illnesses, including colds and fevers, may require a delay of your surgery in order to ensure safe administration of the anesthetic. If you develop a cold or fever 3-4 days before surgery, please call the office so that necessary arrangements can be made.
5. **PLEASE WEAR A SHORT SLEEVE SHIRT** and comfortable loose-fitting clothing. We will need access to your arm. We also ask that you **remove any nail polish** on your fingernails and do not wear any make-up, jewelry or heels. **NO FLIP FLOPS.** And if you wear contacts please wear your glasses instead on the day of surgery.
6. We require that you have someone at home after surgery to attend to your needs.
7. Do not drink alcohol OR drive for 24 hours after surgery.
8. **NOSE & TONGUE RINGS MUST BE REMOVED.**

Post-operative instructions, both oral and written, will be given to you and to your escort on the day of the surgery.

FOOD TO EAT AFTER WISDOM TEETH REMOVAL

1. Apple sauce
2. Ice cream
3. Soup
4. Jell-O or pudding
5. Mashed potatoes
6. Yogurt
7. Smoothies or milkshakes
8. Instant oatmeal

THERE WILL BE A CANCELLATION FEE OF \$200.00 IF THE APPOINTMENT IS CANCELLED WITHOUT A MINIMUM 72 HOUR NOTICE.

Patient Name: _____

28202 Cabot Road, Suite 420
Laguna Niguel, CA 92677
(949) 347-9990 t.
(949) 347-9991 f.

Responsible Adult Signature: _____ Date _____

Appointment Time/Date: _____