



Oral and Facial Surgery Institute of Houston

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Acknowledgement of Information and Pre-Operative Instructions

1. It is vital that you have **NOTHING TO EAT OR DRINK for eight (8) hours prior to your treatment. TO DO OTHERWISE MAY BE LIFE-THREATENING.** You can take premedications as prescribed **before** coming for your surgery unless instructed otherwise.
2. Please **ONLY** bring one escort on your surgery date. Our lobby is too small to accommodate more than one escort.

ASTHMATIC PATIENTS USING AN INHALER SHOULD BRING THEIR INHALER ON THE DAY OF SURGERY.

3. Please, wear loose fitting clothing with short sleeves or sleeves that are easily drawn above the elbow. **DO NOT WEAR ANY WHITE clothing.** Women should avoid wearing a dress because we will be placing EKG leads on your chest and on your left side below the bra line. We don't want to expose you. Women should put their hair together in a scrunchie and are advised not to wear earrings, make-up or lipstick. Kindly keep finger nails short, and remove nail polishes as this may interfere with the pulse oximeter.
4. **You should avoid smoking 2-3 weeks prior to and after surgery. Drinking alcohol is prohibited for 48 hours after surgery.**

YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT WITH A VALID DRIVER'S LICENSE TO DRIVE YOU TO AND FROM YOUR SURGERY, and stay in the office until you have recovered sufficiently to care for yourself because anesthetic or sedative medications (including oral premedication) can cause drowsiness that lasts for some time. **WE WILL NOT START YOUR SURGERY IF YOUR ESCORT IS NOT PRESENT OR HAS NO VALID DRIVER'S LICENSE.** Sometimes the effects of the drugs do not wear off for 24 hours. **Additionally, we will not allow you go home by yourself with Uber or Lyft.**

THERE IS AN ADDITIONAL \$75 FEE IF YOUR ESCORT LEAVES AND WE HAVE TO WAIT MORE THAN 10MINS FOR THEM TO RETURN AND GET YOU.

I have been advised of the possible risks and consequences associated with my planned procedure including but not limited to, paresthesia, swelling, pain, infection, sinus irritation and damage to other teeth or fillings. I have informed Dr. «Doctor Last Name» of any illnesses or allergies that I may have and any medications that I am currently taking. **The risks, benefits, and alternatives of my surgery have been explained to me and I understand that I am not obligated to undergo this procedure.**

I hereby agree that I will not drive any vehicle or operate any machinery for 24 hours after having any surgical procedure performed with intravenous (I.V) sedation.

By signing below, I, «Patient Full Name», and or my parent (if under age), or my guardian, attest that I have carefully read and understand the foregoing written instructions. All my questions have been answered to my satisfaction.

Patient/Parent/Guardian Signature

Witness Signature

Sign Here

Sign Here