Oral Surgery: Pre-Anesthesia Instructions

Date of Surgery: ________________               Check in Time: _________AM/PM

Please park in the Washington Ave parking ramp for a discounted rate.

If sedation is not covered by insurance a partial payment of $______ will be due at check-in.

1. **You and your escort (a responsible adult who can drive you) must be present 15 minutes before your scheduled surgery time.** Your escort must stay within the Oral Surgery reception area so that they are available to be with you once surgery has ended. Please do not bring children that are not scheduled patients.

2. **Nothing to eat or drink, including water or coffee, 8 HOURS prior to your appointment.** Failure to adhere to this will result in rescheduling your appointment.

3. If you are taking prescription medication, please continue to do so with a small sip of water, unless otherwise instructed.

4. Do not wear contact lenses, fingernail polish and eye makeup.

5. Wear loosely fitted clothes with short sleeves and stable shoes (no flip flops).

6. If you have an Albuterol inhaler, please bring it with you.

7. **Arrangements should be made to have a responsible adult care for you at home. You should not be alone for 24 hours after your surgery.** You must not drive, operate hazardous machinery, make important decisions, or work for 24 hours after your sedation or general anesthesia.

8. Please call us if you have developed a cough, cold/flu, or COVID within 2 weeks of your scheduled surgery.

**Scheduling Line: 612-625-2495**

*These instructions are designed for your comfort, protection, and safety. A failure to follow any of these will necessarily cause a cancellation of your surgery and anesthesia for that day.*

Thank you for your full cooperation.

Patient/ Guardian Signature: ___________________________    Date: ______________