**Pre-Operative Instructions**

Initial after each statement to acknowledge reading and understanding.

* For six (6) hours before surgery, **do not eat or drink anything**. (including water/coffee) If your appointment is in the morning, we suggest nothing after midnight. We want your stomach as empty as possible.
* You can take scheduled medications if tolerated on an empty stomach with sips of water (not more than a dixie cup or 4 ounces) unless told otherwise. Please check with us prior to your surgical date for instructions if you are unsure.
* You will need **someone to drive you home** **and stay with you** at home until you are able to care for yourself unassisted. No taxis, ride shares, etc...
* Please wear loose fitting clothing with short sleeves and low-heeled close toed shoes. Sandals or flip flops are not recommended and should not be worn.
* Do not wear contact lenses or denture adhesive on the day of surgery.
* Please leave your phone/smart watch in your vehicle. No audio or video recording is allowed within the office due to privacy concerns.
* If you have any medication or health changes, notify the office at least 24 hours prior. (ex: hospitalizations, new cough, sore throat, herpetic outbreak, COVID exposure, positive COVID test, loss of taste or smell, etc…)
* If you have any changes in your desire to have surgery, no longer want surgery, or have questions about the scheduled surgery, the cost, or financial arrangements, please notify the office at least 24 hours prior.
* If you must cancel, please notify the office at least 24 hours prior. Cancellation within 24 hours will result in a non-refundable charge ($100 minimum).
* If you use **recreational drugs of any type** (**marijuana**, meth, dabs, vape pens, e-cigarettes, etc...), let us know and do not use these substances for 72 hours prior to your surgery as these interact unfavorably with your IV sedation causing your surgery to be cancelled. **If discovered** that any substances have been abused, making the procedure unsafe for you or the staff, **the surgery will be abandoned** and there will be **an additional fee assessed** to the surgical fee ($500 minimum). We are trying to maintain a very safe environment and provide a successful surgery for you so help us help you!

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge having read, understand, initialed and will adhere to all 10 statements above.  I have received a copy of these instructions and have been given the opportunity to ask any questions I may have regarding this Notice.

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Name                                                                     Date