

***George Y. Soung, DDS, FAAOMS, FACOMS***

*Board Certified Oral and Maxillofacial Surgeon*

**PRE-OPERATIVE INSTRUCTIONS**

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We take great pride in treating you with the best possible care. Listed below are a few things to keep in mind to help your surgery go as smoothly as possible. If you have any questions or concerns leading up to surgery, please call us at 704-246-6051.**

\_\_\_\_\_ **DO NOT EAT OR DRINK ANYTHING (NOT EVEN WATER) AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY.**

\_\_\_\_\_ Drink lots of water/fluids the day before your surgery so that you are well hydrated: this will make obtaining your IV easier.

\_\_\_\_\_ **IF YOU CHOSE SEDATION, You MUST have a driver with a vehicle to take you home – this is NON-NEGOTIABLE. THAT PERSON MUST WAIT FOR YOU IN THE WAITING ROOM UNTIL YOU ARE READY TO BE DISCHARGED FROM OUR OFFICE. YOUR RIDE CANNOT LEAVE OUR OFFICE (OR OFFICE PARKING LOT) FOR ANY REASON DURING YOUR PROCEDURE.**

\_\_\_\_\_ Take all morning medications, as instructed by the surgeon during your consultation, with only small sips of water.

\_\_\_\_\_ **DO NOT USE ANY ILLEGAL and/or RECREATIONAL DRUGS (MARIJUANA, cocaine, heroin, etc.) WITHIN 24 HOURS BEFORE YOUR SURGERY**. Use of these drugs can negatively interact with and/or decrease the effectiveness of the anesthesia (sedation) medications that are given to you!

\_\_\_\_\_ Wear comfortable clothes and shoes for your appointment. You must have on a SHORT-SLEEVED SHIRT. A jacket or sweatshirt over the short-sleeved shirt is acceptable, however you will be asked to remove it for your procedure.

\_\_\_\_\_ Do not wear contact lenses.

\_\_\_\_\_ Do not wear heavy eye makeup, facial or tongue piercings, or ear piercings.

\_\_\_\_\_ **Do not wear any nail polish, gel polish, acrylic nails, etc on your FINGERS. YOUR NATURAL NAIL BEDS must be visible so that your vital signs can be accurately monitored by the surgeon during the procedure.**

\_\_\_\_\_ Any fees discussed Will be collected **BEFORE** you have your surgery.

\_\_\_\_\_ Patients under 18 years old must be accompanied by a parent or legal guardian, unless other arrangements were made during the consultation appointment.

\_\_\_\_\_ Plan on a soft diet for 3-4 days. A list of examples will be provided to you in your post-op instruction packet

\_\_\_\_\_ Ibuprofen, ice packs, and heat wraps will be used the first week. Please make sure you have these items available for use.

\_\_\_\_\_ Allow yourself the day of surgery, and the following day after surgery, at a minimum to recuperate.

\_\_\_\_\_ No personal items in the treatment/surgery room (cellphones, purses, wallets, etc.).

**\*\* IF ANY OF THESE GUIDELINES ARE NOT MET, YOUR SURGERY COULD BE CANCELED AND YOU COULD BE SUBJECT TO A CANCELLATION/INCONVENIENCE FEE. \*\***

Patient / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_