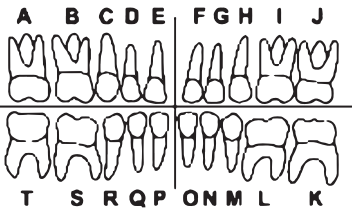
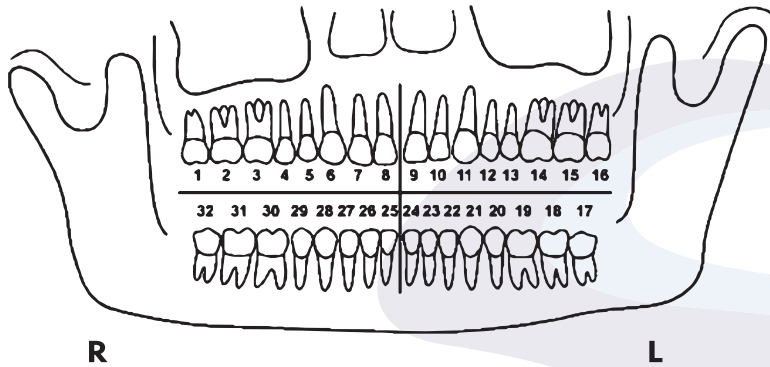


Date: _____

Patient name: _____

Date of birth: _____



SPECIAL INSTRUCTIONS FOR PATIENTS

All Patients:

- If under 18 years of age, parental (or guardian) consent is necessary prior to any surgical procedure.
- Diabetics call for special instructions.
- Payment arrangements must be made prior to surgery.

Local Anesthesia Only Patients:

- If local anesthesia only is to be used, you may drink and eat as usual.

Intravenous (IV) Sedation, General Anesthesia or Nitrous Oxide Patients:

- No food or fluid (including water, coffee, and soda) within **6 hours** of your appointment. The previous meal should be light and easily digested.
- Wear loose-fitting clothing. Sleeves should be easily drawn up above the elbows.
- Please attempt to empty your bladder and bowel before the appointment.
- If you use contact lenses, please leave them out or bring their case and remove prior to surgery.
- **A responsible adult must accompany you to the Oral Surgery Clinic, remain in the building, be available to drive you home after your procedure, and be your caregiver at home.**
- Following sedation or general anesthetic, you must not drive an automobile, operate any dangerous machine, or undertake any responsible business matters for the next 24 hours.
- If, prior to your procedure, you develop a cold, fever, or otherwise become ill, please contact us as soon as possible at **(615)320-1392**. Your appointment may need to be rescheduled.

Comments:

RADIOGRAPHS:

To be taken Attached Emailed Date: _____

E-mail radiographs, send to **drromero@solaceoralsurgery.com** and include in e-mail; your office name/phone number, patient name/date of birth, and date radiographs made.

Referring dentist: _____

Address: _____

Telephone: _____ E-Mail: _____