



BELTRAN DENTAL SURGERY

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Pre-Operative Instructions

You are scheduled to have oral surgery under Intravenous (IV) sedation. It is important that you adhere to the following directions. If you do not, then your surgery will be canceled.

PLEASE WEAR COMFORTABLE ATTIRE: SNEAKERS, PANTS, AND SHORT-SLEEVED SHIRT. NO TANK-TOPS.

1. **DO NOT EAT SOLID FOODS OR DRINK FOR EIGHT HOURS PRIOR TO SURGERY.** If any medications are **prescribed by the doctor**, take them as indicated prior to surgery. **DO NOT** TAKE ANY OTHER MEDICATIONS.
2. **YOU MUST BE ACCOMPANIED BY AN ESCORT** who is an adult 18 years of age, can drive, and must remain in the waiting room during the procedure. They must have a car to take you home. If your escort leaves or is late for the appointment, your surgery will be canceled.
3. **ALL MINORS MUST BE ACCOMPANIED BY A LEGAL GUARDIAN.** This means custodial parent, NOT a grandparent or step-parent.
4. **DO NOT** take aspirin, ibuprofen, vitamin E, St. John's Wart, ginko biloba, or over-the-counter diet or herbal medication for one week prior to surgery. Continue all other medications prescribed by your medical doctor unless instructed otherwise.
5. **Do NOT** wear contact lenses.
6. **Do NOT** wear tongue or lip rings, earrings, or jewelry, nail polish, acrylic nails, body lotion, eye makeup, facial makeup.
7. **DO NOT** wear sandals, flip-flops, or high heeled shoes. WEAR SNEAKERS.
8. **DO NOT SMOKE 48** Hours prior to surgery.
9. If you develop an upper respiratory infection (Cold), please call the office to reschedule your surgery. If you have a cold at the appointment, your surgery will be canceled and rescheduled.
10. If there are any changes in your medical history, medications, allergies, or are pregnant please contact our office as soon as possible.
11. Your surgery is scheduled with at least a \$200 deposit. Please try to keep this appointment. If you have to reschedule please notify the office 48 hours prior to the procedure or you will FORFEIT your deposit and the remainder will be reimbursed to you. .
12. On the day of surgery, you will be given written postoperative instructions and appropriate prescriptions.
13. If you have any questions, please call the office and ask to speak to an oral surgery representative.

Thank you for your cooperation.

Patient Name

Patient Signature

Date

Witness