



## PRE-ANESTHESIA INSTRUCTIONS (ADULT)

**Food & Drinks:** For anesthesia, it is extremely important that patients have an empty stomach. Do not eat or drink anything, for eight (8) hours before your dental procedure. Clear liquids may be consumed until two (2) hours before your scheduled procedure. Clear liquids include water, apple juice or Gatorade. Do not eat, drink, chew gum, or suck on candy. Consuming food or non-clear liquids within eight (8) hours of your procedure will result in the rescheduling of your appointment. FAILURE TO STRICTLY FOLLOW THESE INSTRUCTIONS COULD RESULT IN ASPIRATION AND MAY LEAD TO SERIOUS, LIFE -THREATENING COMPLICATIONS.

**Transportation:** Due to the lingering effects of anesthesia, all patients must have a responsible adult companion physically present in the office to escort you home. This person must remain at the office during the procedure and drive you home. Patients may not go home alone by taxi, uber, or bus. For your safety, you should not operate or drive any vehicle for twenty-four (24) hours after surgery, or while you are taking pain medication.

**Personal:** Wear loose fitting, comfortable clothes with a short-sleeved shirt. You may bring a small blanket from home. Avoid wearing long sleeved shirts or jeans. Do not wear contact lenses or nail polish the day of your procedure.

**Health:** If you start to develop or show signs of a cold, fever, or any other acute illness, call your dentist's office immediately. Congestion of the nose or chest may compromise the airway. To reduce the risks of anesthesia, patients with signs of illness the day of their procedure will be rescheduled.

**Medications:** Prescription medications should be taken as scheduled with a small sip of water or postponed if directed by your doctor. Bring a list of all medicines you are now taking including the dosage and how often you take the medicines.

**Arrival:** Patients who arrive late may have to have their surgery rescheduled for another day. The anesthesiologist reserves the right to cancel or postpone the scheduled appointment for any reason that may jeopardize the safety of the anesthetic procedure.

**Questions:** Your anesthesiologist will contact you the day before your scheduled procedure. Please feel free to contact us if you have additional questions or concerns.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature