



INNOVATIVE
IMPLANT AND ORAL SURGERY

LIVE IN COMFORT. SMILE WITH CONFIDENCE.

Pre-Operative Instruction Sheet

Your appointment is on _____, at _____ am/pm

in our _____ location.

A parent must accompany anyone under the age of 18 on the day of surgery and **STAY** in our office until surgery is over.

Financial Responsibility

The charges for service at this office are your responsibility.

*Please be advised that although the courtesy of checking your insurance coverage is extended, **this is not a guarantee of an insurance payment.** We can give general guidelines about your benefits, but it is essential that you take the time to call your carrier. When you call, please record the name of the person you spoke with as well as the date and time in case there is a dispute later. If your insurance company requires a referral, please make sure you call your primary care physician or dentist prior to coming in for your surgery appointment to obtain one.*

We are always here to help you. If you have any questions, please feel free to call us. If you have not received a call from us prior to your appointment about the out of pocket expenses due at time of surgery, please call our office a day or two before your scheduled appointment.

On the day of surgery, please bring the estimated amount that was quoted.

Please note if check or credit card payment is being made by someone other than the patient, that individual check or credit card holder must be present.

For Patients Having IV Sedation or General Anesthesia

Medications

If you require antibiotic premedication prior to your dental treatment, please take the prescribed dose with a sip of water **2 HOURS** prior to your appointment. If you take **blood pressure** or **reflux** medication in the morning, please take with a sip of water **2 HOURS** prior to your appointment.

*You may have **NOTHING** to eat or drink after **MIDNIGHT (12am)** prior to surgery. This includes water. No gum chewing and no sucking hard candy.*

Please have someone with you to drive you home after surgery. This person must REMAIN in the office at the start and finish of your surgery. If patient is a child riding in a car seat, there must be a parent/legal guardian AND another adult to supervise the child while in the car seat on the ride home.

IMPORTANT:

If you are having intravenous anesthesia and you use medical or recreational cannabis, **do not use within 48 hours of your surgery.**

If you are having intravenous anesthesia and use any of the following injectable medications for diabetes or weight loss, **please hold the medication at least 7 days prior to your surgery:**

- Semaglutide (Ozempic, Wegovy)
- Tirzepatide (Mounjaro, Zepbound)
- Dulaglutide (Trulicity)
- Liraglutide (Victoza, Saxenda)

If you are just having Nitrous Oxide, please refrain from eating **2 HOURS** prior to your surgery.

If you happen to feel ill 1 week prior to your surgery date, kindly give our office a call as the Doctor performing your surgery may want to see you prior to evaluate your symptoms.

Please remove all piercings from your nose, lips, and tongue prior to your procedure and wear an old short sleeve shirt.

Please avoid wearing gel and/or dark nail polish. Thank you.

Please contact our office should you have any questions.

Signature X _____ Date: _____