



ANESTHESIA INSTRUCTIONS for ADULTS

You have been scheduled to receive dental treatment under Anesthesia. The medications that will be administered to you will allow you to undergo the dental treatment safely and comfortably. The following instructions must be followed. **FAILURE** to follow these instructions could put you at unnecessary risk and result in **CANCELLATION** of the appointment.

EATING AND DRINKING

- **NO** solid food by mouth after **MIDNIGHT**.
- **WATER UP TO 4 MEASURED OUNCES MAXIMUM** may be consumed up to **4 HOURS** prior to the appointment.
- **NO MILK OR OTHER DAIRY PRODUCTS** may be consumed.

CLOTHING

Please come to the office in comfortable, loose fitting clothes. Please **AVOID ALL JEWELRY, MAKE-UP, AND NAILPOLISH** as it can interfere with the procedure. We encourage all of our patients to wear compression socks before anesthesia as it possibly helps with blood clot formations in the legs.

MEDICATIONS

IF YOU ARE TAKING ANY MEDICATIONS, please contact our office **FIRST** before your appointment so that the anesthesiologist can tailor your anesthesia plan accordingly. If applicable, please have **ALL RECENT BLOODWORK, CARDIAC TEST REPORTS, PULMONARY REPORTS –AND– ANY OTHER TESTING AND REPORTS** faxed to your dental office so the anesthesiologist can review them and discuss an appropriate anesthesia plan with your doctor and specialists.

SICKNESS

Please contact our office as soon as possible to report any changes in general health, persistent-fever, productive cough, illness, etc.

ESCORT

At the completion of the appointment, at least **1 ADULT** is required to take you home. At home, please make sure there is 1 adult supervising **EXCLUSIVELY** for at least **3 HOURS**.

NO PARENT OR FAMILY MEMBER is allowed to remain in the treatment area after you are under anesthesia. At **EXTRAS**

Please bring a pillow and blanket for the ride home. Do not change your daily routine prior to the appointment. Please **DO NOT STAY UP LATE** the night before the appointment or eat too late.

If you have any questions or concerns about these instructions, please contact our office.

Patient Signature: _____ Date: _____