

Dental Specialties of West Chester

Pre-Operative Instructions

1. **DO NOT EAT for eight (8) hours** prior to your appointment. However it is ok to drink minimal WATER up to **two (2) hours** before your surgery. **YOU MAY** brush your teeth the morning of surgery. **If you were given a prescription for a "Pre-Medication", take with minimal water.**
2. You will need a responsible adult (18 years or older) to bring you to your appointment, wait in the office for the full duration of your surgery, and then take you home. We suggest that someone stays with you for the remainder of the day. If you (the patient) are under 18 years of age, a parent or legal guardian must accompany you.
3. Please wear loose, comfortable clothing and you **MUST WEAR A SHORT SLEEVE SHIRT**. A sweatshirt, sweater, jacket, etc. may be worn over the short sleeve shirt to your appointment, but will need to be removed before the surgery can begin. **YOU MUST WEAR SECURE CLOSE TOED SHOES, NO FLIP-FLOPS or SANDALS.** We ask that you wear **MINIMAL or NO MAKEUP**, especially **NO EYE MAKEUP** or fake lashes. **NO FINGERNAIL POLISH or ACRYLIC NAILS**, and **MINIMAL or NO JEWELRY**. **Remove contacts lenses** prior to appointment. **We ask that your belongings be left with your escort**, including sweatshirt, jacket, purse, wallet, and cell phone. **CELL PHONE USE IS PROHIBITED WHILE IN SURGERY ROOM.**
4. **SMOKERS:** Research has shown that smokers have a higher risk of complications with surgery. Advanced research has also shown that stopping smoking 24 hours prior to your surgery can significantly reduce these complications. **PLEASE LIMIT, or DO NOT SMOKE THE DAY BEFORE or THE MORNING/DAY of your surgery.**
5. **STOCK UP on NON-CARBONATED BEVERAGES and COLD, SOFT FOODS**, such as Applesauce, Ice Cream, Yogurt, and Popsicles. Think of the consistency of baby food. Nothing acidic like tomato or pineapple products.
6. You will want to **purchase and/or prepare ice packs prior to your procedure**. You will be applying ice to the surgery area(s) for the first 24 hours following treatment. Keeping ice on the area(s) will reduce the amount of swelling you'll have, which will reduce the amount of pain you'll experience. Two or Four ice packs may be suggested, based upon your planned procedure.
7. **IF YOU ARE TAKING ANY MEDICATIONS** PRESCRIBED BY A DOCTOR or TAKEN OVER THE COUNTER (this includes vitamins and supplements), **PLEASE INFORM THE ASSISTANT and/or Dr Deshmukh OF ALL MEDICATIONS THAT YOU TAKE**, when your medical history is reviewed. This information is very important.

Upon reviewing your medical history and treatment plan Dr Deshmukh is requesting the following:

- Please **bring** your inhaler with you to your appointment.
- Please **test** your Blood Glucose level the morning of your procedure and notate the results.
- Please **bring** your Glucometer with you to your appointment.
- Please **bring** your Prosthetic/ Denture(s) with you for Immediate Placement.
- The morning of your surgery **YOU MAY TAKE** the following medications: _____

- The morning of your surgery **DO NOT TAKE** the following medications: _____

- Other:** _____

- Please **request** a Medical Clearance from your _____
Specific Request/ Other: _____

Please ask for the Medical Clearance to be faxed or emailed to our office.

Fax Number: (513)682-2359 Email: DSWestChester@hotmail.com

If you have any questions regarding your Pre-Operative Instructions, please call our office at (513)682-2345.

Patient's Name (Printed): _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Patient was given a copy: **Yes** or **No**