

Oral and Facial Surgery Institute of Houston

4915 South Main, #118, Stafford, TX 77477. Tel: (281) 491-4545 Fax: (281) 491-7134

For administrative questions: info@ofsih.com | For post surgery questions: surgeryassist@ofsih.com

ACKNOWLEDGEMENT OF INFORMATION

You must inform the doctor of any personal illnesses, allergies and all medications you are currently taking.

PREOPERATIVE INSTRUCTIONS:

1. Do not eat or drink any food six (6) hours prior to surgery, except for water with medication.
2. Wear loose fitting clothing with short sleeves or sleeves that are easily drawn above the elbow.
3. Contact lenses should be removed.
4. Women should not wear earrings or lipstick.
5. Take premedications as prescribed **before** coming for surgery.
6. Be sure to bring a responsible adult with a valid driver license who will be here through the duration of your surgery to drive you home.

POST OPERATIVE INSTRUCTION:

1. A responsible adult must drive the patient home.
2. The patient should not drive a vehicle or operate any machinery the day of surgery.
3. Smoking and/or drinking alcohol is prohibited for 48 hours after surgery.

I have been advised of the possible risks and consequences associated with my planned procedure including but not limited to, paresthesia, swelling, pain, infection, sinus irritation and damage to other teeth or fillings. Where root canal therapy is received, I understand that there is the possibility of an overfill or under fill. I also understand that although most root canals are successful, there is the possibility that additional treatment and/or extraction of the tooth or teeth involves may be required.

I have informed the doctor of any illnesses or allergies that I may have and any medications that I am currently taking.

I hereby agree that I will not drive any vehicle or operate any machinery for 24 hours after having any surgical procedure performed with intravenous (I.V) sedation.

By signing below, I attest that I have carefully read and understand the foregoing written instructions and have had all questions answered to my satisfaction.

Patient Signature

Date

Witness Signature

Date