

# PRE – SURGICAL INSTRUCTIONS

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

Today's Date: \_\_\_\_\_ Surgery Date & Time: \_\_\_\_\_

**It is extremely important that you follow these instructions prior to your appointment for surgery.**

1. **No food or drink within six (6) hours of your appointment.**

**If your appointment is in the morning, do not have anything to eat or drink from midnight the night prior to your appointment day. If your appointment is in the afternoon, you should have a light breakfast in the morning, as long as you finish your meal six (6) hours prior to your appointment.**

- ❖ **A small amount of water may be used to take any medications prescribed for your appointment.**

2. **Do not drive on the day of your appointment.**

**You will be sedated during your appointment. We will not be able to release you unless you have a responsible adult to drive you home.**

3. **If you are not able to follow these instructions we cannot complete the planned treatment.**

***I HAVE READ AND UNDERSTAND THE ABOVE ENTIRELY.***

\_\_\_\_\_  
Patient's or Guardian's Signature

\_\_\_\_\_  
Date