

Dr. Richard C. Adams 413 Owen Drive, Suite 102 Fayetteville, NC 28304 910-480-4890 www.Carolinaoral.com

Pre-Operative Instructions

Υοι	ır surgical appo	intment is scheduled for:	DAY	DATE	ESTIMATED TIME	
bel but are	ieves that a post also willing to committed to	sitive oral surgery experie	ence require explain your ng care in th	s a surgeon who is not options, and alleviates ye privacy of a relaxed, f	surgical needs. Dr. Adams only well trained and skilled, your fears. He and his team riendly and professional	
		patients under the age of pointments (examinations	-		heir custodial parent or legal	
REMINDERS FOR THE DAY BEFORE:						
	<u>Food and Drink:</u> DO NOT eat or drink anything after MIDNIGHT on the night before your surgery. No water, gum or mints. Your cooperation is critical to ensure your safety.					
	<u>Alcohol and Narcotics:</u> DO NOT ingest alcoholic beverages 24 hours before your surgery or narcotics (including Vicodin/ Hydrocodone or any street or recreations drugs).					
	<u>Tobacco:</u> Please DO NOT smoke for at least 24 hours prior to surgery. Nicotine levels in your blood may negatively affect your sedation experience.					
	<u>Confirm</u> : If you have not already confirmed your appointment, please call the office prior to your appointment to confirm the time, review instructions and review any questions you may have.					
PRI	EPARING FOR S	JRGERY:				
☐ <u>Caregiver:</u> Please arrange to have a responsible adult escort you to the appointment.						
	0	They should be prepared appointment, which may			cle during the entire	
	0	Your Care Giver will rece assist you during recover			y should be prepared to	
	0	Due to seating capacity, accompany the caregive	•	sk that no additional fan	nily members and/or friends	
_		Name of Care Phone number	er:			
_	<u>Childcare:</u> Childcare arrangements must be made outside of the office prior to all appointments.					
	Work: Plan on resting the remainder of the day of your appointment. Depending on the difficulty of the procedure, you may need an additional 1-3 days of recovery.					
	<u>Food Prep:</u> Please buy soft, easy to eat foods prior to the day of surgery. This includes Jell-O, applesauce, or mashed potatoes. Please refer to the food list for more suggestions or you can visit our Pinterest page for delicious recipes www.pinterest.com/carolinaoral					
	Female Patients: If requested, your HCG test must be completed on					



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DA	Y OF SURGERY:				
	Food and Drink: DO NOT eat or drink ANYTHING. No water, gum or mints.				
	Hygiene: Please bathe or shower the morning of your surgery or the night before. This ensures the cleanest surgical setting for your procedure. Please brush your teeth the morning of surgery and rinse your mouth. DO NOT swallow the water. Clothing and Jewelry: Please wear comfortable loose fitting clothing, including: Short sleeve shirt (No pullover knit or sweatshirts) Long pants Closed toed shoes (No flip flops) Jackets, contact lenses and jewelry (including face and tongue rings) must be removed				
IMI	PORTANT MEDICATION INFORMATION:				
	DO NOT take medications unless prescribed by or approved by Dr. Adams, especially sleeping pills, tranquilizers or aspirin				
	DO NOT take anti-inflammatory medications for seven days before surgery unless instructed otherwise by Dr. Adams. This includes Ibuprofen, Aleve, Naproxen, etc.				
	Heart or Blood Pressure: If you take medication for your heart or blood pressure every morning, please take them the morning of surgery. (Note: They can be taken with a small sip of water the morning of your procedure.				
	 <u>Diabetic Patients</u>: If you take insulin for diabetes (high blood sugar), please DO NOT take your insulin and DO NOT eat breakfast. Test your blood sugar (glucose) when you wake up on the morning of surgery and BRING your testing equipment to your surgery appointment. <u>Asthmatic Patients</u>: Use your inhaler the morning of surgery, 2 hours prior to the appointment. Please 				
unf app and	bring your inhaler with you the day of surgery ar appointment has been reserved specifically for you. To minimize your wait, you must arrive on time. It foreseen events cause you to arrive late, we may need to cancel or reschedule your appointment. If this pointment cannot be kept, kindly notify us at least 48 hours in advance, so we can offer this time to other patient. Failure to provide notification will result in a cancellation fee equal to half of the total atment cost, which must be paid prior to rescheduling. This fee cannot be charged to insurance.				
	lure to follow all instructions may result in a cancellation of this appointment and/or a forfeiture of your posit. This appointment may not be rescheduled.				
NO	TES:				