

MARK L. MONSON, D.D.S.

Diplomate, American Board of Oral & Maxillofacial Surgery

1289 Carlsbad Village Drive
Carlsbad, CA 92008
(760)730-9333

INSTRUCTIONS FOR PATIENTS RECEIVING I.V. SEDATION/GENERAL ANESTHESIA

1. Notify the office at (760) 730-9333 if you have a cold within a few days prior to your scheduled surgical appointment.
2. **Do not eat or drink anything (including water)** within six (6) hours prior to surgery. Prescribed medications may be taken with a small sip of water unless instructed differently by Dr. Monson.
3. **Bring a responsible adult with you that will be able to wait for you in the office during the procedure.** This person must be able to understand the post-operative instructions that we give you and be able to drive you home.
4. Wear comfortable, inexpensive clothing. You should wear a loose fitting, short sleeved shirt that will allow Dr. Monson to listen to your heart and lungs and place an I.V. in your arm.
5. Do not wear any jewelry (i.e. watches, rings, earrings, necklaces, body piercings).
6. Do not wear any perfume/cologne; make up, hair gel or body lotion.
7. Remove all fingernail polish. Acrylic nails do not usually need to be removed.
8. Do not wear contact lenses. You may wear glasses or bring your contact lenses in a case so you may place them after surgery.
9. Arrive ten minutes prior to your appointment unless you are scheduled at 8:00 a.m. Patients who are scheduled for 8:00 a.m. surgery should arrive at 8:00 a.m.
10. Rest at home for the remainder of the day of surgery.
11. Arrange to have someone stay with you the day of surgery.

DEFINITELY DO NOT:

- a. Drive a car or motorcycle }
- b. Operate any machinery } for 24 hours after surgery
- c. Drink alcohol }
- d. Make any important decisions }

ANY OF THE FOLLOWING WILL RESULT IN CANCELLATION OF SURGERY:

1. Eating or drinking anything (including water) other than prescribed medications within six (6) hours prior to surgery.
2. Not having an escort who is prepared to stay during surgery and drive you home after surgery.
3. Arriving without the agreed upon payment for surgery.

APPOINTMENT DATE: _____ **TIME:** _____

**NOTIFY US AS SOON AS POSSIBLE IF YOU NEED TO RESCHEDULE YOUR APPOINTMENT.
CANCELLATIONS WITHIN 24 HOURS OF SURGERY ARE SUBJECT TO A \$50 CHARGE**