Dr. Lynn F. Ascher, P.A.

Oral & Maxillofacial Surgery 560 Riverside Drive, Suite B201 Salisbury, MD 21801 410-543-1675

Intravenous Sedation Instructions

- 1. **Do not** eat, drink (including water), or chew gum for at least 8 hours prior to your arrival time.
- 2. A responsible adult (18yrs+) must accompany the patient to the office, remain in the office during the procedure, and drive the patient home. Vehicle and driver must stay for the entire procedure. If the responsible adult is not present upon arrival, surgery will need to be rescheduled.
- 3. Refrain from smoking (including marijuana) for at least 24 hours prior to surgery.
- 4. Do not wear earrings, tongue rings or lip rings.
- 5. All nail polish and acrylic/gel nails need to be removed prior to surgery (if not surgery will need to be rescheduled).
- 6. Do not apply lotion to the arms or torso the morning of surgery.
- 7. If the patient wears contact lenses, we ask that the patient please wear glasses day of surgery.
- 8. Wear a short sleeve shirt and loose fitting clothing.
- 9. All facial hair must be trimmed close.
- 10. If the patient begins to experience any cold or flu like symptoms, please call the office.
- 11. Please notify the office with any changes such as medical conditions, medications, or if there is any change of being pregnant.
- 12. If surgery needs to be canceled or rescheduled, please give the office as much notice as possible. Please be aware that if surgery is canceled or rescheduled more than twice or with 24 hours or less notice, a deposit will be required at the time of rescheduling.
- 13. The instructions above are for the patient's safety. If not followed, surgery will need to be rescheduled. In the event of rescheduling for that reason, a broken appointment fee will be charged.

This is conscious sedation. You will **NOT** be asleep.

I	have received and re	ad the above instructions and understand
if they are not followed the office of Dr. in addition to a rescheduling fee.	Lynn F. Ascher has t	he right to cancel/reschedule my surgery
Patient signature (regardless of age)	Date	_
Parent/Guardian Signature	 Date	** If the patient is a minor parent/guardian must sign