

Intravenous Sedation Instructions

1. **Do not eat or drink** for 8 hours prior to your scheduled appointment. **This includes water, however brushing of teeth is recommended the morning of.**
2. A responsible adult needs to accompany you on the day of your surgery. This person must come in to the office and **remain** in the office until surgery is complete. This person must be able to drive you home. If the person is not **present upon arrival**, your surgery will be **rescheduled.**
3. **Do not** smoke or chew gum for 8 hours prior to your surgery.
4. **Do not** wear earrings, tongue rings or lip rings.
5. **Do not** wear fingernail polish, acrylic nails or apply lotion to the arms.
6. **All** facial hair must be trimmed close to avoid possible complications due to interference.
7. **Wear a short sleeve shirt and loose clothing.**
8. **Please remove contact lenses** before your surgery.
9. Call if you have developed a cold, have been exposed to COVID or start experiencing symptoms.
10. Surgery appointments are scheduled very tightly. Please notify us as early as possible if you are not able to keep your appointment. Notice given **less than 24 hrs.** prior to surgery will result in a broken appointment fee. You will also need to pay your co-pay **in full before** you can be put back on the surgical schedule.
11. The above instructions are for **your safety**. If they are not followed, **your surgery will be rescheduled. You will also need to pay your co-pay and broken appointment fee in full.**

This is conscious sedation. You will NOT be asleep.

Date: _____

I _____ have received and read the above instructions and understand if they are not followed the office of Dr. Lynn F. Ascher has the right to cancel/reschedule the surgery.

Patient signature

Parent/Guardian Signature