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PATIENT NAME PATIENT PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_ **ORAL SURGERY** O EXTRACTION, TEETH # O DENTAL IMPLANT # 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 ALVEOLOPLASTY/TORI REMOVAL FGHIJ ABCDE O BONE GRAFTING PATHOLOGY TSRQP ONMLK OTHER \_\_\_\_\_\_ 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 **FACIAL SURGERY** ORTHOGNATHIC SURGERY COMMENTS \_\_\_\_\_ TRAUMA SURGERY MAXILLARY SINUS SURGERY SKIN LESION OTHER \_\_\_\_\_

REFERRING DOCTOR'S NAME \_\_\_\_\_

## PRE-OPERATIVE INSTRUCTIONS TO OUR VALUED PATIENTS WHO WILL RECEIVE GENERAL ANESTHESIA OR INTRAVENOUS SEDATION:

**DO NOT EAT OR DRINK ANYTHING FOR AT LEAST 8 HOURS** before your surgery appointment. This is necessary for your safety.

**THE NIGHT BEFORE SURGERY,** eat only an easily digested meal, no alcoholic beverages should be consumed at least 24 hours prior to surgery.

COSMETIC SURGERY

INJECTABLES

CONSULTATION

YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT to drive you to your appointment. They need to remain in the office during the entire time of your surgery. You may not drive yourself to the appointment.

**IF YOU TAKE MEDICATION**, please inform the nurse or doctor and bring a list of the medications you are taking, including dosage.

**IF YOU EXPERIENCE COLD OR FLU SYMPTOMS** prior to your procedure, please call our office. We may need to reschedule your appointment.

**WEAR LOOSE-FITTING CLOTHING** with short sleeves for medication administration and monitoring. Please brush and floss your teeth and rinse with mouthwash prior to the surgery to aid with healing.

