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ORAL AND MAXILLOFACIAL SURGERY
DENTAL IMPLANTS
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Preoperative Instructions For: _____

Your Appointment for Surgery is:

DATE: _____ TIME: _____

This time is reserved specifically for you. If, by necessity, you must cancel your appointment for surgery, **please** notify us one day in advance. **Please arrive a few minutes early.**

1. Patients who will receive any type of sedation must **NOT** have anything to eat or drink, including water, for six hours before your surgery. This is for your safety, and if instructions are **NOT** followed your surgery will be postponed.
2. **You must have someone with you to drive you home following the surgery, and they must be present with you at the time of check-in. DO NOT DRIVE for the remainder of the day.**
3. Any unmarried patient under 18 years of age must be accompanied by a parent or guardian at the time of surgery.
4. Brush your teeth and use a mouthwash before reporting to the office for surgery. It is preferable to have a **LIGHT MEAL THE NIGHT BEFORE YOUR SURGERY.**
5. It is advisable to have someone at home to care for you on the day of your surgery.
6. Wear a short sleeve garment that is loose fitting about the arms and neck, low heeled shoes should be worn. Please remove nail polish, contact lenses, jewelry, and watches prior to arrival for surgery.
7. Please be prepared to complete the financial arrangements that were discussed during your counseling appointment.

Estimated

Surgery fees: _____ Due on day of Surgery: _____

Patient's Signature

Reviewed By