

## ANESTHETIC INSTRUCTIONS - Dental

MEDICAL FORM: You must arrange an appointment with your family doctor to complete the PRE-OP ASSESSMENT form. We require a copy of in our office 1 week prior to your appointment. Your physician can fax a copy to Southgate Surgical Suites. Fax (403) 942-6779

INSTRUCTION: Make sure you read and understand ALL instructions. NOT FOLLOWING THE INSTRUCTIONS CAN ΒE

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BE LIFE THREATENING.			
<ul> <li>Do NOT eat anything for</li> </ul>	12 hours prior	to appointment.	
<ul> <li>Last meal before</li> </ul>	e	·	
CLEAR fluids are permit	red up to 4 hor	urs prior to your appointment.	
<ul> <li>Last drink before</li> </ul>	e	·	
■ permit	ced clear fluids	s are (1) apple juice (2) water (3)	clear powerade/gatorade (*i
not on	the list- consi	der it not permitted)	
■ prohibi	ted fluids inclu	ude liquids like milk, yogurt drinks	, orange juice, lemonade,
citrus	drinks.		
Avoid all alcohol 24 hour	s prior to your	surgery.	
Avoid all recreational drugs	ugs prior to yo	ur surgery.	
No chewing gum or such	king on candy.		
<ul> <li>If you develop any acute</li> </ul>	illness promp	tly notify your dental office and S	outhgate Surgical Suites.
**symptoms include, bu	ıt are not limit	ed to, shortness of breath, cough	or cold, fever, sore throat,
chills, malaise and runn	y nose. We ma	y need to reschedule your appoint	tment.
A responsible adult mus	t accompany y	you home as your recover. This tin	ne frame can range from
8-24hours.			
You are not permitted to	operate moto	or vehicles or machinery for 24 ho	urs.
Bring a current medicat	on list includi	ng prescription, over-the-counter	and herbal supplements.
Electronic devices to oc	cupy wait tim	es and assist with recovery are p	ermitted and encouraged.
DO NO	OT HESITATE T	O CALL IF YOU HAVE ANY QUESTIO	NS.
SOUTHGATE SURGICAL SUITES	suite #230	3120-32 St S, Lethbridge, AB	(403) 942-6777

Please arrive to the suite on \_\_\_\_\_