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## **PRE-OPERATIVE INSTRUCTIONS FOR PERIODONTAL SURGERY**

**\*\* VERY IMPORTANT INFORMATION – PLEASE READ CAREFULLY \*\***

**\*\* COMPLETE ATTACHED “MEDICAL HISTORY UPDATE FORM” \*\*  
& RETURN IT TO YOUR DENTIST PRIOR TO SURGERY**

1. If you have any concerns or questions about the surgery, please contact Dr. Quamar at 469/231-1155 or by email at drq@vipsperio.com.
2. I will be reviewing your medical history with you immediately prior to the surgery. Please be sure you are familiar with that information – especially with the name(s) and dosage(s) of any medications you are taking. If you feel your history is relatively complicated, we will need to decide if a consultation with your physician is necessary before the procedure is performed.
3. Patients who are minors (under 18 years of age) must have a legal guardian present to both fill out the “Medical History Update Form” and to sign the “Disclosure and Consent Form.”
4. It is important to avoid smoking for at least one week before the surgery and one week following the surgery.
5. Keep in mind that it is best to allow for some flexibility around your appointment time on the day of your surgery. It is best not to “squeeze in” an appointment for surgery on an already busy day.
6. Ask your dentist to call in or write you a prescription for Halcion 0.25 mg.
  - a. Halcion 0.25 mg.
  - b. Disp: Two (2) Tabs
  - c. Sig: BRING TO OFFICE

**\*Dr. Quamar will dose and administer the medication after the patient has signed the consent form.\***

7. To reduce the chances of nausea, do not eat or drink anything (including water) for **at least six (6) hours prior to your appointment.**
  - a. If your surgery is in the morning, do not eat or drink anything between bedtime and your scheduled appointment.
  - b. If your surgery is in the afternoon, a light breakfast before 7:00 a.m. is encouraged.
8. Unless specified by your dentist, all medicines taken on a routine basis should be continued without interruption. Please swallow with a minimal amount of water.
9. A responsible adult over 18 years of age should accompany you to the office **and remain in the office during the entire procedure. Following sedation, this responsible adult should also remain with you for the next 24 hours.**
10. Please be sure to wear shoes that are securely fastened — no flip-flops or loose-fitting sandals, please.
11. For the 24 hour period following the oral sedation, you should refrain from driving an automobile or from engaging in any activity that requires alertness
12. If you have any questions about oral sedation, please contact Dr. Quamar at 439.231.1155 prior to the procedure.

**NOTE: Additional pre-operative information can be found at [www.vipsperio.com](http://www.vipsperio.com).  
I recommend you preview the “Disclosure and Consent Form” on the  
Website, or you can request a copy from your dentist.**