

YOUR PRE-SURGERY CHECK LIST

- _____ *If I am having IV sedation, I have made arrangements to have an adult drive me to and from the office, **STAY IN THE OFFICE DURING MY SURGERY**, and provide home care after my surgery.*
- _____ I have made preparations to take care of financial arrangements prior to the day of Surgery. (Your payment will be processed when you check-in for surgery.)
- _____ I have **read, signed, and had a witness sign** the blue "pre-surgery" instruction form and the blue "Consent for Surgery" form(s). (You will need to hand these forms in when you check-in for surgery.)
- _____ I have taken all my "regularly prescribed" medications (unless otherwise instructed).
- _____ **If prescribed**, I have filled and taken the pre-surgery antibiotics and other pre-surgery medication. (Unless told otherwise your pain medication is for use after surgery.)
- _____ **If given**, I have taken the "packet" of pre-surgery medication 1 hour before surgery.

PLEASE REMOVE ALL OF YOUR JEWELRY PRIOR TO SURGERY.
PLEASE DO NOT USE ANY PERFUME OR SCENTED PRODUCTS PRIOR TO SURGERY.
PLEASE WEAR STURDY SHOES – NOT FLIP FLOPS OR FLIP FLOP STYLE SANDALS.