



KEITH R. GRONBACH, DDS, INC.

EAST BAY ORAL SURGERY

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Has an appointment on

Day

Month

Year

At _____ AM _____ PM

This time is reserved for you. If for any reason the appointment cannot be kept, notification should be made two (2) business days in advance. A \$250.00 fee will be charged for appointments that are rescheduled due to eating and/or drinking.

Phone (925) 283-4050

Received X _____

Preoperative instructions for IV sedation and general anesthesia:

1. No eating or drinking (this includes water, coffee etc.) at least **eight (8)** hours prior to time of surgery.
2. Arrange transportation to and from surgery. No driving for 24 hours after surgery.
3. Patient will need someone responsible to stay with them 6 to 8 hours after treatment.
4. Wear a short-sleeved shirt and low-heeled shoes. Tie long hair back.
5. Brush teeth one hour before surgery.
6. Pre-operative medications should be taken as directed and with a minimum of water.
7. Please take all regular medications unless specified.
8. Cool foods with soft consistency are encouraged after surgery.
9. Remove acrylic nail and/or nail polish from one finger on the left hand.
10. If you use an inhaler for asthma, please bring it with you.