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The Peninsula Institute for  
Advanced Dental Studies

## **Pre-operative instructions for surgery:**

1. Any patients under 18 years of age must be accompanied by a parent or guardian at the time of surgery
2. Please wear loose fitting short sleeve shirt and comfortable clothing
3. Please wear flat soled shoes with ankle support like sneakers (no high heels)
4. Please remove contact lenses, all jewelry, and watches before surgery
5. Please do not apply make-up, perfume or cologne on day of surgery
6. Please remove fingernail polish on both index fingers
7. Please brush your teeth and rinse thoroughly before surgery
8. If prescribed medication at consultation, please take as directed prior to appointment. You may take this with no more than half a glass of water
9. Alcoholic beverages should be avoided 24 hours before and 7 days after surgery
10. Smoking must be avoided 24 hours before surgery and 24 hours after surgery

## **Patients having IV sedation:**

1. **DO NOT EAT OR DRINK 8 HOURS PRIOR TO SURGERY:** including water and coffee. If you need to take medications please take them with no more than half a glass of water. Any questions, please call our office. We reserve the right to cancel or postpone surgery if instructions are not followed.
2. Please arrange for a ride to and from the office on the day of your surgery. Patient will not be able to drive home after surgery and operate machinery. **PLEASE INFORM YOUR DRIVER THAT HE/SHE WILL NEED TO STAY IN THE RECEPTION ROOM DURING SURGERY.** We suggest the driver bring some reading material.
3. Uber, Lyft and Cabs are NOT PERMITTED: for the safety and protection of all of our patients, we will not release you to a cab or Uber/Lyft driver after surgery, unless you have a friend or family member to accompany you.
4. Please buy suggested foods to have on hand after your surgery. Please refer to recommendations on food list.
5. Please have a responsible adult at home to care for you on the day of surgery.

Appointment Day: \_\_\_\_\_ Surgery Time: \_\_\_\_\_

Payment Due on Day of Surgery: \$ \_\_\_\_\_

**PLEASE ARRIVE 15 MINUTES PRIOR TO SURGERY TIME TO TAKE CARE OF  
PAPERWORK AND FINANCIAL ARRANGEMENTS**

We Accept Cash, Check, Visa, MasterCard, American Express & Discover THANK YOU