BALA INSTITUTE OF ORAL SURGERY

Anesthesia Pre-Operative Instructions & Cancellation Policy

Patient Name: _____ Date of Birth: _____

BEFORE SURGERY

- **IT IS VITAL THAT YOU HAVE NOTHING TO EAT OR DRINK FOR EIGHT (8) HOURS PRIOR TO YOUR ANESTHESIA.** Your stomach must be completely empty; therefore, no food or liquids of any kind are permitted. This includes water, mints, candy, gum, and chewing tobacco. Failure to follow these instructions may be life threatening. **WHEN YOU ARRIVE FOR YOUR PROCEDURE, IF YOU HAVE HAD SOMETHING TO EAT OR DRINK WITHIN THE LAST 8 HOURS, YOU WILL BE ASKED TO RESCHEDULE AND WILL BE CHARGED A CANCELLATION FEE (SEE BELOW).**
- Because you are having sedation, you may not drive for 24 hours following your procedure.
- **YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT** who will need to come in with you upon arrival. **THE PATIENT ESCORT MUST REMAIN IN THE OFFICE FOR THE DURATION OF YOUR APPOINTMENT.** The escort must be at least 18 years old. If the patient is a minor, a parent or legal guardian MUST accompany the patient. If the escort leaves the premises during surgery, a **$50 RECOVERY ASSISTANCE FEE** will be charged to your account. For the patient's safety, taxis, Uber, and Lyft are not permitted as escorts and cannot be taken alone.
- Please do not bring small children to the appointment so escorts can focus fully on the patient's recovery.
- **PAYMENT IS DUE ON THE DAY OF SURGERY.** We accept cash, all major credit cards, and CareCredit. We do **NOT** accept checks.
- If you are taking any medications, consult with the oral surgeon prior to the procedure for instructions.
- Please notify the oral surgeon of any recent illness or changes in your medical history before surgery.
- Wear loose-fitting clothing with sleeves that can be raised above the elbows and sturdy, comfortable shoes (no sandals or heels).
- **PLEASE REMOVE ANY ARTIFICIAL NAILS OR ACRYLIC NAILS FROM BOTH INDEX FINGERS. LIGHT COLORED GEL/DIP CAN STAY. FOR SAFETY AND MONITYRING, NAILS SHOULD NOT BE EXCESSIVELY LONG.**
- **DO NOT WEAR MAKEUP, INCLUDING FOUNDATION OR LIPSTICK.**
- Do not wear contact lenses.
- Remove all jewelry above the neck area, including tongue, nose, and lip piercings.
- If you smoke, do **NOT** smoke on the day of surgery and avoid smoking for at least one week after surgery.
- **USING RECREATIONAL DRUGS PRIOR TO SURGERY CAN BE LIFE THREATENING.** If you use recreational drugs, stop using them completely for at least one week prior to surgery.

AFTER SURGERY

- For 24 hours after your procedure, do not drive, operate machinery, or make important decisions such as signing legal documents. Your alertness and ability to focus may be impaired.
- We recommend having someone stay with you for the first 24 hours after your procedure.

CANCELLATION POLICY

- We require a minimum of 48 business hours' notice to cancel or reschedule an appointment. Business hours exclude weekends and holidays. Appointments cancelled or rescheduled with less than 48 business hours' notice will incur the following fees:
  - Procedures under 1 hour: $100
  - Procedures 1 hour or more: $200
- **FAILURE TO ATTEND** your confirmed appointment will result in a **$200 NO SHOW FEE**. Future appointments cannot be scheduled until all outstanding balances have been paid.
- Late arrivals or arriving unprepared for your appointment may also result in cancellation or rescheduling of the appointment and the applicable cancellation fee being charged, as this time has been reserved specifically for you.
  Examples of arriving unprepared include, but are not limited to:
- Consuming food or liquids within 8 hours prior to a sedation appointment.
- Not having a responsible adult escort who is at least 18 years old and able to remain in the office during the appointment.
- Payment issues at the time of the appointment. Some banks require prior authorization for larger transactions. Please contact your bank or credit card company before your appointment to avoid delays or cancellation.

APPOINTMENT CONFIRMATION

Procedures must be confirmed at least 48 business hours prior to the appointment by responding to a text message, email or phone call. If confirmation is not received in that time frame, the procedure **WILL BE CANCELLED**. By signing below, I acknowledge that I have read, understand, and agree to all of the above policies and instructions.

_____	_____	_____
Patient Signature (Parent/Legal Guardian if minor)	Parent/Guardian Name if minor (Printed)	Date