



Implant Patient pre-Operative Instruction

Dear _____ (patient):

Your appointment date is: _____ (day/date/time)

Implant placement for tooth (teeth) No. _____ with/without bone graft.

Thank you for trusting us in providing your Implant Dentistry. The following is a brief overview of the procedure that is about to take place and please follow the preoperative instructions fully. Please understand that we may postpone your surgery if your physical status is not as ideal as possible.

Enclosed with this letter, there are prescriptions, please get them filled immediately, and
Bring all your prescribed medications with you on the day of your surgery!

Two (2) days prior to your surgical appointment, you will begin your pre-implant therapy.

- 1) Begin your pre-surgical antibiotic medication in the morning as prescribed. Unless otherwise prescribed, you are to take your antibiotic 1 tablet 4 times a day (every 6 hours). STOP your medication if you experience any itchiness or hives, and call us immediately.
- 2) Begin your antibiotic mouth rinses in the morning, and night. Twice daily.
- 3) **Do not use** any of the prescribed pain management medications for any purpose. You must bring them with you on the day of your surgery.

On the day of surgery, continue your pre-surgical antibiotic and mouth wash as directed. Please have a light meal, wear loose and comfortable attire. Your surgery will last about 45-90 minutes for each implant and you will be discharged when deemed appropriate by your doctor.

POST SURGICAL: specific instruction will be given by your treating doctor. In general:

- 1) You will continue your pre-surgical antibiotic until you finish the entire prescription.
- 2) You will avoid contacting the surgical site(s).
- 3) Your post-surgical meals will be consist of anything that is cool and soft (ice-cream, yogurt, apple sauce, milk shake, jello, pudding, etc, anything that is cool to touch and as soft as scramble eggs and spaghetti.) Please avoid anything with extra herbs or spices.
- 4) **DO NOT SMOKE** and **DO NOT USE A STRAW.**
- 5) In the morning post surgery, you will rinse with warm salt water. ½ tea-spoon of salt mix well into 8oz glass of water, make it nice and warm without burning yourself. You are to rinse with this salt water after every meal and before bed time for 4 days.
- 6) Return to our office for follow-up as directed.

As a reminder, unless you had prior arrangement with our office manager, the payment for the surgical portion of your implant treatment will be required in full. We accept check, credit cards and CareCredits. (Patients with insurance will be reimbursed when your insurance company provides a payment towards your treatment.)

Your expected payment will be: \$ _____

Since the success of your surgical procedure is very important to us, we have designated extra time before and after your appointment to allow for appropriate preparations. Therefore, if need to cancel or change your appointment for any reason, please contact us at least 24 hours prior to your appointment. Otherwise, you will be charged a \$150 cancellation fee.