

SOUTHERN CALIFORNIA CENTER FOR ORAL AND FACIAL SURGERY
JAY B. REZNICK, D.M.D., M.D., INC.
818-996-1200

Your appointment for _____ is scheduled on _____ 200__ at _____ o'clock, in our _____ office.

This time is reserved specifically for you. Please try to arrive about 15 minutes prior to your scheduled appointment. If you are late, we may need to reschedule your surgery so that our other patients can be treated at their scheduled times.

**PRE-OPERATIVE INSTRUCTIONS FOR PATIENTS HAVING INTRAVENOUS SEDATION
OR GENERAL ANESTHESIA FOR SURGERY**

1. Do not eat food or drink liquids (including water) for at least eight (8) hours prior to your appointment.
Patients who take daily medication (such as blood pressure, heart, or diabetes medicine, or antibiotics) should **take their medicines as scheduled (swallow with a minimal amount of water) unless told otherwise by the surgeon or their medical doctor.**
2. Please bring the **name and dosage** of any medicine you are currently taking.
3. Have a responsible person accompany you to drive you home. Minors must be accompanied by a parent. We cannot allow patients to leave the office by taxi or other transportation without an escort.
4. Do not drink any alcoholic beverages for 24 hours before your surgery.
5. Please discontinue the use of tobacco for as long as possible prior to your appointment. Smoking may delay healing, will create increased discomfort following surgery, and increase the risk of infection.
6. Wear short-sleeved, comfortable clothing. Please remove any oral or facial rings, posts, or other facial jewelry before your appointment. (Non-dangling earrings are acceptable.)
7. Contact lenses, nail polish, false eyelashes and heavy make-up should not be worn to your appointment.
8. It is a good idea to have a few ice compresses made for when you arrive home.
9. You should have soft, bland food ready at home for the first day.
10. Someone should be available to be with you for 12 to 24 hours after you arrive home.
11. If there is any change in your health in the few days before surgery, such as **fever, chest cold, flu or persistant cough**, please notify this office immediately.
12. If you have insurance, please bring forms with you.

The estimated fee for surgery: \$ _____
Due at Surgery: \$ _____

We must have a signed financial agreement and assignment of benefits prior to surgery.

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE NOTIFY THE OFFICE AT LEAST 24
HOURS PRIOR TO YOUR SCHEDULED VISIT.
IF YOU HAVE ANY QUESTIONS REGARDING YOUR SURGERY, DO NOT HESITATE TO CALL THE
OFFICE.

THANK YOU.

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