

ABINGTON ORAL AND MAXILLOFACIAL SURGERY, P.C.

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**I.V. ANESTHESIA INSTRUCTIONS**

- 1.) **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT PRIOR TO SURGERY, INCLUDING WATER. REFRAIN FROM CHEWING GUM DAY OF SURGERY.**
- 2.) **A RESPONSIBLE PERSON MUST ACCOMPANY YOU TO THE OFFICE ON THE DAY OF SURGERY AND PROVIDE YOUR TRANSPORTATION HOME. This person is to remain in the office while the surgery is being performed. If the patient is under the age of 18 a parent or legal guardian must be present.**
- 3.) WEAR LOOSE COMFORTABLE CLOTHING TO THE OFFICE, WE PREFER SHORT SLEEVES.
- 4.) IF YOU SHOULD BECOME ILL PRIOR TO THE SURGERY, PLEASE NOTIFY THE OFFICE AS SOON AS POSSIBLE.
- 5.) PLAN ON STAYING HOME THE REMAINDER OF THE SURGERY DAY. YOU CAN NOT DRIVE, OPERATE ANY MACHINERY OR MAKE ANY IMPORTANT DECISIONS FOR 24 HOURS AFTER SURGERY.
- 6.) REMOVE CONTACT LENSES, JEWELRY AND WATCHES PRIOR TO SURGERY. ARTIFICIAL FINGER NAILS AND DARK NAIL POLISH MUST BE REMOVED FROM THE RIGHT AND LEFT INDEX FINGERS PRIOR TO SURGERY.
- 7.) ALL SURGERY WITH I.V. ANESTHESIA WILL BE PERFORMED IN THE OFFICE UNLESS NOTIFIED OTHERWISE - 1235 Old York Road, Levy Medical Plaza, Suite 122 Abington, PA 19001.

I UNDERSTAND THESE GUIDELINES ARE REQUIRED FOR MY SAFETY. ALL QUESTIONS REGARDING ANESTHESIA HAVE BEEN ANSWERED TO MY SATISFACTION.

MY APPOINTMENT IS SCHEDULED FOR \_\_\_\_\_ TIME \_\_\_\_\_

\_\_\_\_\_  
PATIENT (GUARDIAN) SIGNATURE

\_\_\_\_\_  
WITNESS