**Surgery Policies and Pre- Operative Notes**

Our office requires payment in full of the *estimated patient portion* to be paid at the time of scheduling your surgery appointment. This is ***non-refundable*** *(should proper notice not be given to the office)*, secures your appointment date and time, and gives us the ability to order any specific materials needed to complete your procedure. Please let us know if you need to discuss other financial options or payment arrangements. If you have any questions or concerns that should arise prior to your surgery date, please contact the office to schedule a time to meet or speak with Dr. Amin or one of our front desk team. As a reminder, **we require at least 1 week notice to cancel or reschedule your surgery appointment**, or you will be billed for **$75 per half hour of the appointment**. We understand emergencies arise, and that your time is valuable as well as our doctor’s, so *it will be left up to the doctor’s discretion as to whether the fee will be applied, or your deposit refunded, for missing or rescheduling your appointment.*

**Pre-Operative Notes**

* If medical clearance is needed, please give the office the appropriate doctor’s information, so that we can send and receive all information needed to complete your treatment.
* Please make sure that the office has your pharmacy information to be able to send in all needed prescriptions. If your pharmacy needs to change, please contact the office as soon as possible.
* Make sure to pick up your medications prior to your appointment. If you have an antibiotic, please begin taking them as prescribed on the bottle, starting 48 hours before your appointment. You may also begin taking the pain medication, no sooner than 1 hour before your appointment.
* If you are getting ***oral or IV sedation,*** you MUST have a driver who will need to remain in the office for the entirety of the procedure. They must also be on your HIPAA Consent to receive your post-operative instructions, and to make any decisions on your behalf should a medical emergency arise.
* ***Patients receiving Oral tablet or IV sedation*** *may NOT* *eat or drink for 8 hours prior to the appointment*.
* ***Patients receiving*** ***Nitrous Oxide*** *may NOT eat or drink for 2 hours prior to the appointment.*
* If you have medically necessary prescriptions to take, please take them with a small amount of water. Some patients tend to feel cold during their procedure, so we suggest bringing a light jacket or blanket to feel more comfortable.
* The Pre- and Post- Op instructions are available on our website for you to review if needed.

We appreciate you choosing our practice to continue providing you with the utmost periodontal care.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_