



PRE-OPERATIVE INSTRUCTIONS FOR DENTAL ANESTHESIA/SURGERY

**** VERY IMPORTANT INFORMATION—PLEASE READ CAREFULLY. ****

****COMPLETE & RETURN ATTACHED “MEDICAL HISTORY UPDATE FORM” (2 OF 10)****

1. If you have any concerns or questions about the surgery, please contact Dr. Roberts at 972/404-1911 or by email at dave@robertsdds.com.
2. He will be reviewing your medical history with you immediately prior to the surgery. Please be sure you are familiar with the name(s) and dosage(s) of any medications you are taking. **If your history is complicated, he will need to consult with your physician before the procedure is performed. Any unaddressed items on your medical history may cause your surgery to be delayed or canceled. A copy of this MD consultation form can be found on page 3 of 10 or on Dr. Roberts’s website at www.robertsdds.com.**
3. Patients who are minors (under 18 years of age) must have a legal guardian present to both fill out the “Medical History Update Form” and to sign the “Disclosure and Consent Forms.”
4. It is important to avoid smoking for at least one week before the surgery and one week following the surgery.
5. Keep in mind that it is best to allow for some flexibility around your appointment time on the day of your surgery. It is best not to “squeeze in” an appointment for surgery on an already busy day.

If you are having IV (intravenous) moderate sedation:

1. **Do not eat or drink anything (including water) for at least six hours prior to your appointment.**
 - **Avoid fatty foods for at least eight hours prior to surgery.**
 - Unless specified by your dentist, all medicines taken on a routine basis should be continued without interruption. Please swallow with a minimal amount of water.
2. **A responsible adult, over 18 years of age, should accompany you to the office and should remain in the office during the entire procedure. Following the sedation, this responsible adult should be physically capable of assisting and accompanying you home and should remain with you for the next 24 hours.**
3. If receiving intravenous sedation, you should wear clothing, which is not restricting to the neck or arms. You should wear loose-fitting tops on which the sleeves can be rolled up to the shoulder. Also, please be sure to wear shoes that are securely fastened; no flip-flops or loose-fitting sandals, please.
4. Following the sedation, you should refrain from driving an automobile or engaging in any activity that requires alertness for the next 24 hours.
5. There are important differences between general anesthesia (being completely asleep) and IV moderate sedation. If you have any questions about the IV moderate sedation process, please feel free to contact Dr. Roberts at 972/404-1911, or by email at dave@robertsdds.com, prior to the procedure.

NOTE: Additional pre-operative information can be found at www.robertsdds.com. Please preview the “Disclosure and Consent Form” and view all post-op videos on the website prior to your surgery. Copies of forms may also be requested from your dentist.



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MEDICAL HISTORY UPDATE FORM

Date _____

Name _____ Dentist's Name: _____

Last First Middle

Social Security # _____ Ht _____ Wt _____ Date of Birth _____

If you are completing this form for another person, what is your relationship to that person? _____

For the questions below, circle yes or no. Your answers are for our records only and will be considered confidential. You will be asked some questions about your responses, and there may be additional questions concerning your health. In some cases, a consultation with your MD may be required before the surgery can be performed safely without a delay or postponement.

- 1. Are you in good health? Yes No
2. Has there been any change in your general health within the past year? Yes No
3. My last physical examination was on _____
4. Are you now under the care of a physician? Yes No
5. The name and address of your physician is: _____
6. Have you had any serious illness, operation, or been hospitalized in the past 5 years? Yes No
7. Are you taking any medicine(s), including non-prescription medicine(s)? Yes No
8. Have you ever taken Aredia, Zometa, Fosamax, Actonel, or Boniva? Yes No
9. Do you have or have you had any of the following diseases or problems?
a. Damaged or artificial heart valves, heart murmur, or rheumatic heart disease
b. Cardiovascular disease, angina, heart attack, heart trouble, stroke
c. Osteoporosis
d. Cancer requiring IV chemotherapy
e. Asthma or hay fever
f. Fainting spells or seizures
g. Diabetes
h. Hepatitis, jaundice, or liver disease
i. AIDS or HIV infection
j. Thyroid problems
k. Respiratory problems, bronchitis, etc.
l. Sleep apnea or snoring during sleep
m. Stomach ulcer or hyperacidity
n. Kidney trouble
o. High or low blood pressure
p. Sexually transmitted disease
q. Epilepsy/other neurological disease?
r. Problems with the spleen
10. Have you had abnormal bleeding? Or required a blood transfusion?
11. Do you have any blood disorder such as anemia?
12. Have you been treated for a tumor?
13. Are you allergic or have you had a reaction to:
a. Local anesthetics
b. Penicillin or other antibiotics
c. Sulfa drugs
d. Barbiturates, sedatives, sleeping pills
e. Aspirin
f. Iodine
g. Codeine or other narcotics
h. Other
Women
14. Are you pregnant?
15. Do you have any menstrual problems?
16. Are you nursing?
17. Are you taking birth control pills?

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my dentist, or any other member of his/her staff, responsible for any errors or omissions that I may have made in the completion of this form. If your medical history is complex or if you feel you would like to provide us with additional information, it would be helpful for us if you would use the back of this form to write out a chronological narrative of your medical history.

Signature of Dr. Roberts

Signature of Patient (or Patient's Guardian)

RETURN THIS COMPLETED FORM TO YOUR DENTIST PRIOR TO SURGERY

NOTE: If your medical history is complicated, we may need to consult with your MD prior to your appointment. This consultation form may be found on page 3 of 10 or at www.robertsdds.com. Contact Dr. Roberts directly with any questions.