



Fairfield County Implants & Periodontics, PC

PRE-OPERATIVE INSTRUCTIONS

PROCEDURE LENGTH	1 hr 1 ½ hrs 2 hrs 2 ½ hrs 3 hrs Other: _____ hrs
PRE-APPOINTMENT CARE	<p>1 week prior:</p> <ul style="list-style-type: none"><input type="checkbox"/> Abstain from smoking<input type="checkbox"/> If necessary <i>AND</i> cleared by physician, stop blood thinners (like Coumadin[®], Plavix[®], aspirin, Vitamin E, omega-3 fatty acids) <p>2 days prior:</p> <ul style="list-style-type: none"><input type="checkbox"/> Begin Arnica. Take 5 pellets 3x/day. <p>1 night prior:</p> <ul style="list-style-type: none"><input type="checkbox"/> <i>ONLY</i> if anxious, take prescribed sedative like Halcion[®] (triazolam 0.25 mg)
DAY OF APPOINTMENT	<p>1 hour prior, take:</p> <ul style="list-style-type: none"><input type="checkbox"/> Arnica (5 pellets)<input type="checkbox"/> Antibiotic: <i>Amoxicillin Doxycycline Z-PAK[®]</i> <i>Other: _____</i><input type="checkbox"/> Ibuprofen 600 mg (Motrin[®])<input type="checkbox"/> If prescribed, sedative like Halcion[®] (triazolam 0.25 mg)
MANDATORY	<ul style="list-style-type: none"><input type="checkbox"/> Do not drink liquids immediately prior to appointment, especially those containing caffeine.<input type="checkbox"/> Take physician-prescribed medications as usual<input type="checkbox"/> Bring all medications WE PRESCRIBED to appointment<input type="checkbox"/> Wear loose, comfortable clothing<input type="checkbox"/> Do not wear make-up<input type="checkbox"/> Shave facial hair if you can<input type="checkbox"/> <i>IF SEDATED, ARRANGE A RIDE</i> to and from the office

Please contact us anytime if you have any questions or concerns before or after your procedure. If you have any questions after hours, please call the office number (below) and follow the prompts. Thank you.

Dr. Michael Sonick
(203) 254-2006 (office)
mike@sonickdmd.com