

# CLIFTON E. NAKATANI DDS MSD INC.

1102 Corporate Way, Suite 150

Sacramento, CA 95831

(916) 421-5555

- Your appointment will be approximately \_\_\_\_\_ hour(s) long. Please dress comfortably.
  - Note: Please Pre-Medicare with antibiotics 1 hour prior to your visit.**
  - Note: All implant patients should NOT wear any make-up or facial cream/lotion on your face on the day of surgery.**
  - Note: PRF (Platelet Rich Fibrin) patients should hydrate with an 8 oz. glass of water 1 hour before the appointment.**
- Remember that EXCELLENT home care is essential for long term successful treatment. We will instruct you on all post-surgical care at the time of surgery.
- Eat a moderate breakfast or lunch PRIOR to your appointment. This will help maintain optimum nutrition for best healing and to minimize upsetting your stomach due to the medication that will be prescribed. You will be able to eat on the day of the appointment, however, please wait until the anesthetic has worn off. Prepare for a softer diet for the first 1-2 days after surgery. AVOID spicy, hard, crunchy, or crusty foods.
- If at all possible, AVOID taking aspirin products over 81 mg 5 days prior to your appointment as this “thins” the blood and increases bleeding time.
- A local anesthetic will be used so you will be able to drive yourself or use public transportation to and from the appointment.
- AVOID strenuous activities 1-2 days following surgery (i.e. aerobics, jogging, tennis, biking, etc.) so please plan your schedule accordingly.
- A prescription will be given to you at the time of treatment to help control any post-surgical discomfort. Please inform us of any allergies or “bad reactions” you may have experienced with any medication so that we can prescribe an alternative.

The type of surgery recommended and any special instructions:

- |   |  |
|---|--|
| <input type="checkbox"/> Extraction                   | <input type="checkbox"/> Grafting - <b>Antibiotics will be prescribed.</b>   |
| <input type="checkbox"/> Osseous / Crown Lengthening  | <input type="checkbox"/> Grafting - <b>Antibiotics will be prescribed.</b>   |
| <input type="checkbox"/> Soft Tissue Graft            |  |
| <input checked="" type="checkbox"/> Implant Placement | <input checked="" type="checkbox"/> Grafting - <b>Antibiotics will be prescribed.</b>                              |
| <input type="checkbox"/> Sinus Graft                  | <input type="checkbox"/> <b>Antibiotics will be prescribed. * NO FLYING FOR 1 MONTH AFTER SINUS SURGERY ONLY *</b> |
| <input type="checkbox"/> Ridge Augmentation/Split     | <input type="checkbox"/> Grafting - <b>Antibiotics will be prescribed.</b>   |
| <input type="checkbox"/> Biopsy                       |  |
| <input type="checkbox"/> Other: _____                 |  |

- Sutures may be placed. You will need to return to our office in approximately 2 weeks for a post-operative observation appointment of the surgical site. In most cases, dissolvable sutures will be placed; however, should non-dissolvable sutures be placed, they will need to be removed approximately 3-4 weeks (or longer) after treatment. More observation appointments may be scheduled, if necessary. **NOTE: All post-operative appointments are included in the surgical fee as long as the treatment provided at the post-operative visit pertains to the surgical site.**
- Subsequent to surgery, your teeth may be sensitive to hot and/or cold temperature changes. The sensitivity should decrease over the next 8-12- weeks. On occasion, sensitivity may linger for a longer period of time.
- You may also notice looseness/mobility in the surgical area. This is a normal occurrence. After sufficient healing, looseness/mobility should return to the same level as prior to treatment.

## **SPECIAL INSTRUCTIONS:**

- Due to the anti-anxiety medication prescribed, you WILL need a driver to and from your appointment. Abstain from solid food(s) 3-4 hours prior to your appointment to fully benefit from the medication. Take the medication 1 hour before your appointment.  
\_\_\_\_\_  
**NOTE: By initialling this statement, I understand that my driver needs to PHYSICALLY stay in our office for the duration of your appointment.**
- An anti-anxiety release was signed.

**FOR IMPLANT PATIENTS: START TAKING ANTIBIOTICS 1 DAY PRIOR TO SURGERY.**

Signature of Patient

Name of Staff

Date