



133 East 58th Street, Suite 506
New York, NY 10022

Patient Name: _____

Post- Surgery Instructions

Every effort has been made to provide you with the best dental care possible. These instructions have been prepared for you so that you may perform the necessary homecare following surgery. Please read and follow these instructions carefully. Also, do not hesitate to call the office at 212-750-4590 if you have any questions.

PACKING- a dressing may have been placed over the surgical site for your protection and comfort. It should remain in place for approximately one week; however, if small fragments break away or become loose, do not be alarmed. If the entire packing comes off, please call the office for instructions.

RINSING- DO NOT RINSE FOR 24 HOURS. After that it is best to rinse 4-5 times per day with warm salt water until your suture removal appointment. This will help your healing.

EATING- Soft foods are recommended for the rest of the day. Avoid hot foods and drinks until the anesthesia has worn off. You may wish to stay on a semi-soft diet for a few days. If possible, chew on the side opposite of the surgery. Do not eat foods with small seeds for 48 hours after surgery.

BRUSHING- Continue to brush and floss any teeth not involved in the surgical procedure.

MEDICATION- Take as directed.

COLDPACKS- You may be given cold packs to use immediately after the surgery. Apply to the cheek on the surgical side for 20 minutes then remove for 20 minutes. After the anesthesia has worn off, you may find it soothing to suck on ice chips.

SLEEPING- Sleep with your head slightly elevated for 1 week following surgery,

NAUSEA- Do not take medication on an empty stomach.

SWELLING AND/ OR TEMPERATURE- If swelling and/or temperature continue past the first two days please contact the office.

IMPLANTS- Surgical site needs to be swabbed with a Q-tip and Peridex twice per day.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ THE POST-SURGICAL INSTRUCTIONS, THAT I FULLY UNDERSTAND THEM AND HAVE BEEN GIVEN AMPLE OPPORTUNITY TO HAVE ANY QUESTIONS SATISFACTORILY ANSWERED.

_____ PATIENT NAME

_____ PATIENT SIGNATURE AND DATE