

## PREOPERATIVE SURGICAL INSTRUCTIONS

Please STOP the following supplements FIVE (5) DAYS prior to surgery:

Bilberry

Dong Quai

Ephedra

Feverfew

Garlic

Ginger

Ginkgo Biloba

Ginseng

Grapeseed extract

Kava Kava

St. John's Wort

Vitamin C (oral form only/No IV vitamin C day of surgery)

Valerian (taper off dosage)

If you are taking any prescription medications that thin the blood, such as Coumadin or Heparin, please check with your physician to see when you can safely stop the medication before your surgery.

If you have questions about any other supplements or medications, please ask one of our office staff.

Thank you!

**JAMES W. MEDLOCK, DDS, PA**

**SURGERY INFORMED CONSENT**

I, \_\_\_\_\_, give James Medlock, DDS, PA, permission to do dental surgery as previously explained by him. This therapy is performed so that my present oral condition may not worsen.

**RISKS:** Included (but not limited to): complications resulting from the dental surgery or the use of dental instruments, drugs, medicines, analgesics, anesthetics and injections. These complications may include: swelling; sensitivity; bleeding; bruising; pain; infection; numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks and teeth (these are transient but on infrequent occasions may be permanent); reaction to injections; changes in occlusion; jaw muscle cramps and spasms; temporomandibular (jaw) joint difficulty; loosening of teeth; referred pain to ear, neck and head; nausea; vomiting; allergic reaction; delayed healing; sinus perforations; bone fracture; root fragments left in the jaw; stretching of the corners of the mouth with resultant cracking and bruising; treatment failure. The frequency of occurrence of the aforementioned complications are different for each item, and infrequent for many of them. I understand that I can ask for and explanation of all risks related to my care.

**MEDICATIONS:** Prescribed medications and drugs may cause drowsiness and lack of awareness and coordination (which may be influenced by the use of alcohol, tranquilizers, sedatives or other drugs). It is not advisable to operate any vehicle or hazardous device until recovery from all effects. For this reason I may choose to use homeopathic remedies, herbs, nutritional supplements or other natural treatments to minimize the consequences of disease or treatment and improve the possibility of success of treatment. I have discussed these modes with Dr. Medlock and agree to their use.

**OPTIONS:** Includes NO treatment at all, or the use of other more conservative treatment(s) while waiting for more definite development of symptoms. Risks Involved in these choices may include, but are not limited to: pain, infection, swelling, loss of teeth, and infection to other areas. Choosing root canal therapy in lieu of extraction may result in NICO (neuralgia inducing cavitation osteonecrosis).

**CONSENT:** I, the undersigned, being the patient (parent or guardian) consent to the performance of the above procedure(s), as well as to the performance of such additional adjunctive/alternative procedures as deemed necessary or advisable as a corollary to the above operation in the opinion of Dr. Medlock.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date