

# DENTAL / ORAL SURGERY PATIENT DISCHARGE INSTRUCTIONS:

GENERAL: You have undergone an operation to \_\_\_\_\_ . The following instructions are to be used in conjunction with any instructions you may have already received from your doctor.

DIET: Start with a liquid diet until sensation returns to tongue. Then advance from a soft to a regular diet unless specifically instructed otherwise by you doctor. Avoid traumatic foods such as chips or popcorn for the next 3 days. Drink extra liquids (water/juice) over the next 2-3 days.

SHOWER/BATH: Normal routine

WOUND CARE: Gentle tooth brushing to start evening of surgery. Any increased redness, swelling or foul smelling discharge should be reported. \_\_\_\_\_

ACTIVITIES: Activity should be light for \_\_\_\_ week(s) after surgery. No exercise or heavy lifting should be performed for 3 days No smoking for 3 days. \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

D/C MEDICATIONS: \_\_\_\_\_  
Each discharge medication from the pharmacy comes with a Medication Information Sheet (MIS). Please see the MIS or Discharge Medication Worksheet (MEDRECON 508) for specifics about each medication.

PRECAUTIONS: Pain medicine is designed to help with moderate to severe pain. As the pain subsides slowly over 7 days, Tylenol (acetaminophen) alone should suffice. Any increased pain rather than improving pain should be reported. Do not drink alcohol, drive or operate machinery while taking pain medication. Active duty personnel are reminded that this medication will affect their urine screening tests. This medication is authorized for their recovery period only and any use beyond this time is not authorized and subject to punishment per UCMJ.

Avoid all aspirin or aspirin like products until approved by your surgeon or at least 14 days. This may increase your risk of bleeding.

In the case of any of the following events, call:

DENTAL / ORAL SURGERY CLINIC:	475-4237
AFTER HOURS ACCESS LINE:	1-877-832-1795
EMERGENCY ROOM	475-4286

Persistent bleeding or pain  
Fever (temperature higher than 101.5 F)

FOLLOW-UP APPOINTMENT: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

I acknowledge understanding & receipt of written & verbal discharge instructions. All my questions at the time of discharge were answered.

Patient/responsible adult: \_\_\_\_\_

Discharge RN: \_\_\_\_\_