

PREPARING FOR SURGERY

- Have someone that will be able to drive you to and from the office the day of your surgery
- You **MUST NOT DRIVE** the rest of the day, or while taking pain medications
- Any patient under the age of 18 must be accompanied by a parent or guardian
- Please notify us if you are taking blood thinning medications (i.e. Aspirin, Coumadin)
- Please bring with you all medications you are taking including over-the-counter drugs
- You should wear comfortable loose fitting clothes with short sleeves and low heels
- Please remove any fingernail polish or false fingernails prior to the surgery
- **NO SMOKING OR ALCOHOLIC BEVERAGES** the day of the surgery*
- Plan to go home and relax after the surgery and avoid any vigorous activities

*Because smoking can delay and complicate the healing process you should also refrain from smoking until the surgical site is completely healed.

WHAT TO DO AFTER SURGERY

Dr. Perim's Home #: 410-742-1402

Cell #: 443-880-0896

Dear Patient:

Please read the following instructions. They will help make your post-surgical period as comfortable as possible.

REST

- Having periodontal surgery today does not necessarily mean you have to alter your daily routine; however, it is important that you get plenty of rest.
- Avoid strenuous activity today and tomorrow.
- You may experience lightheadedness, dizziness, and sleepiness after surgery. Do not stay alone. A responsible adult should be available for you 24 hours following the surgery.

BLEEDING

- Even though the bleeding was under control when you left the office, slight bleeding may continue for up to 24 hours. Do not be concerned if moderate bleeding occurs.
- If excessive bleeding occurs, place a 2x2 piece of gauze over the surgical site while sitting in an upright position. Apply firm and steady pressure for half an hour. Gauze soaked in tea may be more effective.

SWELLING

- Expect some swelling; it may take 3-4 days before reaching its peak.
- An ice pack should be applied to the cheek (over the surgical site). Apply for 10 minutes, remove for 10 minutes. Repeat this alternating method for at least 6 hours.

DISCOMFORT

- The amount of discomfort and its duration varies from person to person. We have provided you with pain medication. Please take as directed. Remember, take Advil or other medication (NOT ASPIRIN) if you feel that the discomfort does not warrant using stronger medications.

- A slight elevation in your temperature may be expected, however, if it is excessive or questionable, please contact our office.

SURGICAL DRESSING

(If applied)

- Avoid drinking hot beverages for 2 hours to let the dressing harden. It is okay to drink cold drinks.
- Loss of the dressing or parts of it is common. It is perfectly safe. Loss of the dressing over a soft tissue graft is more crucial and you should call the office.
- Always expect some sensitivity to cold after surgery.
- Whether a surgical dressing has been placed or not, please do not forcefully pull your lips or cheeks away to inspect the surgical site. This action is responsible for torn stitches and delayed healing.

TOOTHBRUSHING AND RINSING

- Do not brush the surgical site for 1 week or until the stitches are removed. Brush all other areas as instructed.
- Do not rinse vigorously the day of the surgery.
- Gently rinse with warm salt water (1 tsp. or salt mixed of warm water) 4 times a day.

ALCOHOL AND SMOKING

- Alcohol and smoking can close the blood vessels and destroy the blood clot.
- Please refrain from smoking and drinking alcohol to avoid any delay or complication in healing.

DIET

- A good diet is essential. You can eat most foods, but it is best to eat soft foods and concentrate chewing on the opposite side of the surgical site.
- The patient who maintains a good diet of soft foods generally feels better, has less discomfort and heals faster. Since you will be taking medication, it is important that you eat to prevent nausea.

MEDICATIONS

- Continue taking prescribed medications as directed.
- The medication prescribed may make you drowsy. Do not drive a motor vehicle, operate machinery, or attempt to cook for 24 hours following surgery or sedation.

REGENARATIVE SURGERY

- Granular material has been surgically placed into boney defects around certain teeth. During healing we want the granular material to compact into the bone; however, a few small white grains of graft material may appear in your saliva. This is nothing to worry about.

A membrane has been placed to protect the granular material. After a week or two it will begin to protrude from the surgical site. At an upcoming visit, the protruding part will either be cut or the entire membrane will be removed under Novocain and a few stitches will be placed.

Because we are genuinely concerned about your well being, if you should experience any difficulty breathing, bleeding that you feel is excessive, persistent nausea or vomiting, any pain, unusual swelling, or fever, please call us. If you feel that your symptoms warrant a physician's attention, and you have been unable to reach one of our staff doctors, go to an Emergency Room that is nearest you.

OTHER INSTRUCTIONS:

NOTICE OF PRIVACY PRACTICES

Peninsula Periodontics & Orthodontics

NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/14/03, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example: Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. **Payment:** We may use and disclose your health information to obtain payment for services we provide to you. **Healthcare Operations:** We may use and disclose your health information in connection with your healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs accreditation, certification, licensing or credentialing activities. **Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. **To Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. **Persons Involved In Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. **Marketing Health Related Services:** We will not use your health information for marketing communications without your written authorization. **Required by Law:** We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety of others. **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate patient under certain circumstances. **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS ACCESS

You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we reserve the right to charge you \$0.15 for each page, \$15.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than one in a 12-month period we may charge you a reasonable, cost-based fee for responding to these additional requests. **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations { you must make your request in writing. } Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. **Amendment:** You have the right to request that we amend your health information (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances. **Electronic Notice:** If you receive this Notice on our Website or by electronic mail (e-mail), you are entitled to receive this Notice in written form. **Questions and Complaints:** If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. L2002 American Dental Association All Rights Reserved Reproduction and use of this form by dentists and staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association. This Form is educational only, does not constitute legal advice, and cover only federal, not state, law (August 14, 2002)

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