

**INSTRUCTIONS FOR ATRIDOX PLACEMENT
(10% Doxycycline Hyclate)**

1. **YOU MAY HAVE SOME DISCOMFORT FOLLOWING PLACEMENT OF ATRIDOX. TAKE OVER-THE-COUNTER PAIN MEDS IF NEEDED (ADVIL, MOTRIN, ALEVE OR TYLENOL)**
2. **MEDICATION SHOULD REMAIN IN PLACE FOR FIFTEEN DAYS, HOWEVER SMALL PIECES MAY COME OUT AS TISSUES HEAL AND SHRINK**
3. **AVOID HARD CRUNCHY FOODS AND SPICY FOODS**
4. **YOU MAY BRUSH TEETH WITH A MANUAL SOFT TOOTHBRUSH (NO ELECTRIC OR SONIC)**
5. **DO NOT FLOSS TREATED AREA UNTIL AFTER 15 DAYS**
6. **WE WILL REMOVE THE REMAINING INACTIVE MATERIAL AT OR AROUND 15 DAYS**

ALLERGIC REACTIONS

CALL THE OFFICE IMMEDIATELY AT 610-777-7002 IF YOU EXPERIENCE:

1. **ITCHING, RASH, OR HIVES ANYWHERE ON YOUR BODY THROUGHOUT THE NEXT 15 DAYS**
2. **SUDDEN ONSET OF ARTHRITIS-LIKE SYMPTOMS (JOINTS, MUSCLES)**
3. **FOR AFTER HOURS DENTAL EMERGENCIES CALL 610-582-9051**

SEEK TREATMENT AT THE CLOSEST HOSPITAL BY CALLING 911 IF:

1. **YOU HAVE HIVES OR A RASH AND DIFFICULTY BREATHING**
2. **YOUR THROAT FEELS LIKE IT IS CLOSING**