

**PATIENT TREATMENT RECORD — FOR DENTIST'S USE ONLY**

Patient _____ Age _____ DOB ____/____/____ Date ____/____/____

Address _____ City/ST _____ Zip _____

Email _____ Phone _____

Patient's Post-Op Ride _____ Phone _____

Diagnostic Criteria: Perio ____ Crowding ____ Pt. Election ____ Prev. Pain/Swelling ____ N/R Caries ____
Cyst ____ Purulent ____ Ortho ____ Non-restorable Cracked ____ Other _____

Dentist's Office _____ Fee _____

Tx Planned: Ext 1 ____ 16 ____ 17 ____ 32 ____ Other ____ IV Sed ____ S/F _____

Pre-Operative X-ray: ☐ Pano ☐ CBCT ☐ PA Other _____ Date ____/____/____ I/F _____Sutures if used: ☐ Chromic; ☐ Vicryl; ☐ Gut; ____ 3* ____ 4* Site # _____ # of Sutures _____ O/F _____BMI _____
ASA ☐ I ☐ II ☐ III ☐ IV
Mallampati ☐ I ☐ II ☐ III ☐ IV

A/F _____

Pre-Operative Sedation/Anesthesia Checklist (110.13)

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical history reviewed | <input type="checkbox"/> (N/A) <input type="checkbox"/> (Yes) <input type="checkbox"/> (No) medical consult completed | <input type="checkbox"/> Auscultation findings documented |
| <input type="checkbox"/> Patient allergies reviewed | <input type="checkbox"/> Physical exam (ASA, mallampati, NPO, pre-vitals, height, weight, BMI, PR, RR) | <input type="checkbox"/> Pre-op equipment readiness check complete |
| <input type="checkbox"/> Patient surgical/anesthesia history reviewed | <input type="checkbox"/> NPO >= 6 hrs. Other _____ | <input type="checkbox"/> Pre-procedure treatment review (correct patient & procedure) |
| <input type="checkbox"/> Family surgical/anesthesia history reviewed | Notes/explanations for omitted items _____ | <input type="checkbox"/> (N/A) <input type="checkbox"/> (Yes) <input type="checkbox"/> (No) Peds/high-risk addressed |
| <input type="checkbox"/> Patient meds reviewed/modified | | |
| <input type="checkbox"/> Confirmation that written & verbal pre-op & post-op instr. delivered to patient, parent, legal guardian, or caregiver | | |

M.H.R. Pertinent Findings—PSH/Anes Hx; Family Surg/Anes Hx (110.13):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Pre-op meds/modifications (last 24 hrs.) updated & present on Medical History Update form | <input type="checkbox"/> (No) <input type="checkbox"/> (Yes) PSH/Anes Hx (significant) If yes, expl: _____ | <input type="checkbox"/> (No) <input type="checkbox"/> (Yes) Alcohol/Tobacco/Vape/Drug use If yes, circle which product(s) above | <input type="checkbox"/> 3 fingers (opening) |
| <input type="checkbox"/> (No) <input type="checkbox"/> (Yes) adverse drug reactions If yes, expl: _____ | <input type="checkbox"/> (No) <input type="checkbox"/> (Yes) Family Surg/Anes Hx If yes, expl: _____ | <input type="checkbox"/> (No) <input type="checkbox"/> (Yes) Obstructive sleep apnea | <input type="checkbox"/> 2 fingers (opening) |
| <input type="checkbox"/> No significant past surgical history | <input type="checkbox"/> (No) <input type="checkbox"/> (Yes) Loose/teeth fills | <input type="checkbox"/> Consent signed | Additional Notes _____ |
| <input type="checkbox"/> Lungs clear to auscultation RR&R | If yes, #s: _____ | <input type="checkbox"/> Patient voided | |
| Explain items not checked above _____ | | <input type="checkbox"/> Not pregnant or N/A | |

Procedure Completed/Clinical Notes:

- | | | |
|---|---|--|
| <input type="checkbox"/> 24g, <input type="checkbox"/> 22g, IV Catheter | <input type="checkbox"/> Throat barrier placed | <input type="checkbox"/> No lingual plate or mandibular canal invasion (intact) |
| <input type="checkbox"/> Rt ACF <input type="checkbox"/> Left ACF | <input type="checkbox"/> FTMP flap | <input type="checkbox"/> IA nerve not visualized <input type="checkbox"/> IA visualized intact ____ 17 ____ 32 |
| <input type="checkbox"/> Rt hand dorsal <input type="checkbox"/> Left hand dorsal | <input type="checkbox"/> Buccal trough | <input type="checkbox"/> No sinus invasion |
| <input type="checkbox"/> NIBP, SpO ₂ , ECG | <input type="checkbox"/> Sectioned roots w/ surgical handpiece | <input type="checkbox"/> Patient tolerated procedure well; RTC PRN 1 wk. P/O |
| <input type="checkbox"/> Resp Rate | <input type="checkbox"/> Luxated/elevated w/ light forces using elevator and forceps | <input type="checkbox"/> (Yes) <input type="checkbox"/> (No) Recovery & discharge continuous monitoring of consciousness; oxygenation; ventilation circulation (110.5) |
| <input type="checkbox"/> Precordial stethoscope | <input type="checkbox"/> Removed follicle(s)/cyst(s)/degranulated site(s) | <input type="checkbox"/> Post-procedure verbal & written instructions given to patient/escort |
| <input type="checkbox"/> EtCo ₂ | <input type="checkbox"/> Copious irrigation | <input type="checkbox"/> Aldrete score = <input type="checkbox"/> 10 or <input type="checkbox"/> 9 or <input type="checkbox"/> 8 or <input type="checkbox"/> _____ |
| <input type="checkbox"/> Continuous monitoring of consciousness; patient able to respond to verbal command throughout procedure | If abnormal, check & explain: <input type="checkbox"/> Skin color <input type="checkbox"/> O ₂ Sat _____ | <input type="checkbox"/> Mucosa <input type="checkbox"/> Responsiveness |
| | Notes _____ | |
| <input type="checkbox"/> Retained roots ____ 1 ____ 16 ____ 17 ____ 32 _____ | | |
| Due to increased risk of surgical complication, informed patient/patient's ride; follow-up protocol given. | | |
| Additional Notes _____ | | |

Rx: ☐ Tylenol 30mg/300mg x 40; take 1 tab q4h prn pain, starting day after surgery
☐ Penn VK 500mg x 20; take 1 tab q6h, until gone
☐ Peridex (1 pint) x 1; swish ½ oz. 3 times daily, until gone
☐ Zofran ODT ____ 4mg ____ 8mg x 6; Take 1 q12hr prn nausea
☐ Post-op/anesthesia instructions given (both written & oral)☐ Ibuprofen ____ 600mg ____ 800mg x 30; take ½ to 1 tab q6h prn pain
☐ Cleocin 150mg x 20; take 1 tab q6h, until gone
☐ Augmentin 875mg/125mg; take 1 tab BID, until gone
Other _____**Midazolam:** ____ Admin ____ Waste ____ Total**Doctor's Signature** _____