

PATIENT TREATMENT RECORD — FOR DENTIST'S USE ONLY

Name _____ Age _____ DOB ____ / ____ / ____ Date ____ / ____ / ____

Address _____ City/ST _____ Zip _____

Email: _____ Phone: _____

Diagnostic Criteria: Perio _____ Crowding _____ Pt. Election _____

Prev. Pain/Swelling _____ N/R Caries _____ Cyst _____ Purulent _____ Other _____

M.H.R. Pertinent Findings: No Significant Past Surgical History Mallampati: I II III IV

Lungs Clear/Regular Rate & Rhythm Neg Alcohol/Tobacco/Drug Use _____

Allergies: No Known Drug Allergies No Adverse Drug Reactions _____

Consent Signed N.P.O. x _____ hrs. Pt. Voided Smoker Pregnancy ASA: I II III

Dentist's Office: _____ Fee: _____

Procedure Planned: Ext 1 16
 32 17 _____ S/F: _____

Pre-Operative X-ray: Pano PA Other _____ Date ____ / ____ / ____ I/F: _____

Pre-Op Meds/Drugs: None See Medical History Update Form _____ O/F: _____

Post-Op Ride: _____ Post-Op Ride's #: _____

Pre-Op Vital Signs: ECG _____ PSO2 _____ BP _____ RR _____

Sutures: Silk Gut Vicryl 3° 4° _____ Assts: _____ Asst. Fee: _____

Rx:
 Norco 7.5/325mg
 Cleocin 150mg x
 Penn Vk 500mg x
 Zofran ODT 8mg x
 Peridex (1 pint) x
 Decadron 4mg x
 Other _____

Start Time :	→ 0	0	1	1	2	2	3	3	4	4	5	5	6	Admin/Wasted
	5	0	5	0	5	0	5	0	5	0	5	0	5	
Midazolam/cc	5 mg/cc													/
Diazepam/cc	5 mg/cc													/
Fentanyl/cc	50 mcg/cc													/
Dexamethasone	4 mg/cc													/
Oxygen (L/Min)														/
N2O (L/Min)														/
Fluids: D5W														/
2% Lidocaine Carps.	1:100k													/
0.5% Marcaine Carps.	1:200k													/

Procedure Completed/Clinical Notes: _____

For Office Use Only:

Post-Op Call _____

Comment Card _____

Posted _____

Drug Log _____

1-wk. Post-Op Call _____

Post-Op Instructions D/C Criteria Met D/C Time :