

PATIENT TREATMENT RECORD & CHECKLIST — 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 _____ Other _____

M.H.R. Pertinent Findings _____

Meds _____

Mods _____ Allergies _____

N.P.O. x _____ hrs. Pt. Voided Smoker Pregnancy Pre-Op Instructions Consent Signed

PE: ASA I II III IV Mallampati I II III IV Brodsky 1 2 3 4 Ht _____ Wt _____ BMI _____

BP _____ HR _____ RR _____ SpO2 _____ Ausc _____ I/O _____ NCA _____

Notes on PE _____

Dentist's Office _____ Fee _____

Procedure Planned _____ S/F _____

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

Pre-Op Meds/Drugs _____ O/F _____

Assistants _____ A/F _____

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

Pre-Operative Sedation/Anesthesia Checklist

History & Physical:

- | | |
|--|---|
| <input type="checkbox"/> Medical history reviewed | <input type="checkbox"/> Patient surgical/anesthesia history reviewed |
| <input type="checkbox"/> Known allergies reviewed | <input type="checkbox"/> Family surgical/anesthesia history reviewed |
| <input type="checkbox"/> Patient meds reviewed/modified | <input type="checkbox"/> Pre-op instructions given (written/oral) |
| <input type="checkbox"/> Medical consult needed | <input type="checkbox"/> Post-op instructions given (written/oral) |
| <input type="checkbox"/> Medical consult completed | <input type="checkbox"/> Auscultation findings documented |
| <input type="checkbox"/> PE performed (ASA, Mallampati/Brodsky, NPO, pre-op vitals—height, weight, BP, HR, RR) | |

Monitors:

- BP
- ECG
- HR
- SpO2
- Precordial
- Capnography
- Stethoscope

Time-Out Checklist:

- Pre-op equipment readiness check completed
- Patient and procedure verified
- Peds/high-risk considerations addressed
- All above checklist items were addressed; any omissions/considerations are noted below. **Signed** _____

Explain if any of the above-required assessments/considerations were omitted _____

Procedure completed/clinical notes _____

Post-Op Vitals: BP _____ HR _____ RR _____ SpO2 _____ Ausc _____

Post-Op Instructions (written/oral) D/C Criteria Met D/C Time

(See Anesthesia Record)

Doctor's Signature _____ Date _____

For Office Use Only:

Post-Op Call _____ Drug Log _____
Comment Card _____ Posted _____
1-wk. Post-Op Call _____