



VIJAY PATEL, DMD
— General Dentist Providing Oral Surgery Services —

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 _____ Other _____

Dentist's Office _____ Fee _____

Procedure Planned _____ S/F _____

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

O/F _____

Sutures: Silk; Gut; Vicryl; _____ Assistants _____ A/F _____

Medical Consult: Y or N (if no, omit pg. 3 of 10) Special Considerations: Pedo — Y or N High-Risk — Y or N

Ventilation & respiratory rate obtained by (circle one): Capnography Patient Observation Auscultation ECG Pulse Ox

[] Pre-Operative Sedation/Anesthesia Checklist Completed Any omitted items -> check box(es) & explain in clinical notes below.

- [] Medical history reviewed [] Family surgical/anesthesia history reviewed [] Pre-op equipment readiness check complete [] Physical Exam (ASA, mallampati, NPO, pre-vitals—height, weight, BP, HR, RR)
[] Known allergies [] Patient surgical/anesthesia history reviewed [] Patient and procedure verified
[] Patient meds reviewed/modified [] Pre-op instructions given (written & oral) [] Pedo/high-risk considerations addressed
[] Medical consult [] Post-op instructions given (written & oral)

Rx: Norco 5/325mg _____ Pen VK 500mg _____ Cleocin 150mg _____ Peridex _____ Zofran 8mg _____ Decadron 4mg _____ Other _____

Procedure Completed/Clinical Notes _____

Doctor's Signature _____ Date _____

For Office Use Only:
Post-Op Call _____
Posted _____
Comment Card _____
Drug Log Entry _____
1-wk. Post-Op Call _____