



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.

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

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