

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

Procedure to be completed in the office of _____ Pt Email _____

Teeth to be Extracted: #s _____ Fee \$ _____ A/F \$ _____ S/F \$ _____

CC " _____ " Pt Phone # (____) _____

Post-Op Ride _____ Post-Op Ride's # (____) _____

Radiograph(s): Pano PA Other _____ Date ____/____/____ Exam/Consult: Y N Assistants _____

Findings/Diagnosis:

- Impacted/Malposed # _____ Caries/Non-restor # _____ RCT declined # _____
- Recur Pericoronitis# _____ Periodontal Disease # _____ Pre-prosthetic # _____
- Sympt/Asympt # _____ Irrever/Necro/Prev RCT # _____ Other # _____

ASA: I II III Mallampati: I II III IV BMI _____

Informed Consent/PARQ:

Obtained both written and verbal, patient and/or legal guardian had opportunity to ask questions

Pre-Operative Medication _____ BP ____/____ P _____ bpm

Medical Hx: See Medical History Form See Sedation Record NKDA Allergies _____

Local Anesthesia: 2% Lido w/ 1:100k epi, _____ carts 0.5% Marc w/ 1:200k epi, _____ carts

4% Septo w/ 1:100k epi, _____ carts 3% Carbo, _____ carts Other _____

Procedure:

Non-surgical EXT # _____

BB and throat barrier placed; tissue released; elevator & forcep removal whole; curette granulation tissue prn; profuse irrigation w/ 0.9% NaCl solution; damp gauze placed for hemostasis

Surgical EXT # _____ Justification _____

BB and throat barrier placed; FTMPF; peripheral ostectomy; tooth sectioned w/ HP under copious irrigation, tooth removed w/ elevator and forceps; bone file and/or Rongeur used prn; curette granulation tissue prn; profuse irrigation w/ 0.9% NaCl; damp gauze placed for hemostasis _____ Suture(s) placed: Gut; Vicryl; Silk; PTFE

Ridge Pres/Bone Graft # _____ Justification _____

Foundation trimmed and placed; _____ Suture(s): Gut; Vicryl; Silk; PTFE Allooss (50/50 cort/canc; cancellous; cortical) mixed w/ 0.9% NaCl and placed in socket/defect, RCM6 collagen membrane trimmed and positioned under tissue flap; _____ Suture(s): Gut; Vicryl; Silk; PTFE Other _____

Maxillary 3rd molars # _____

- BB and throat barrier placed Tooth removed whole w/ elevator and forcep
- No incision Follicular tissue removed
- FTMPF Bone file/Rongeur used to smooth bone
- DB incision w/ M vertical release Curette granulation tissue prn
- DB incision intrasulcular to 1st molar Profuse irrigation w/ 0.9% NaCl
- Peripheral ostectomy to fully uncover tooth Damp gauze place for hemostasis
- DB, B, MB, trough _____ Suture(s) placed: Gut; Vicryl; Silk; PTFE
- Tooth removed in pieces w/ elevator and forcep

Mandibular 3rd molars # _____

- BB and throat barrier placed Tooth removed in pieces w/ elevator and forcep
- No incision Tooth removed whole w/ elevator and forcep
- FTMPF Follicular tissue removed
- DB incision w/ M vertical release Bone file/Rongeur used to smooth bone
- DB incision intrasulcular to 1st molar Curette granulation tissue prn
- Peripheral ostectomy to fully uncover tooth Profuse irrigation w/ 0.9% NaCl
- DB, B, MB, trough Damp gauze place for hemostasis
- Incomplete B/L section w/ HP, completed w/ elevator _____ Suture(s) placed: Gut; Vicryl; Silk; PTFE

Post-Operative Instructions: Both written and verbal given to patient and/or legal guardian and escort. Extra gauze and Monoject syringe provided. Release signed by escort.

Rx: Pen VK 500mg x 20 Clindamycin 150gm x 20 Peridex rinse 4oz x 1 Norco 5/325mg x 6
 Ibuprofen 600mg x 30 Other _____

Other Pertinent Notes _____

Doctor's Signature _____ Date _____

Patient Name _____ DOB ____/____/____

POST-OPERATIVE RECORD

- Post-Op Call/Text Date: ____/____/____ Pt did not answer. Left Message/Unable to leave message
- Patient reports they are doing well with swelling and pain within normal limits for treatment completed; answered all questions.
- Reinforced post-op instructions (i.e., diet, activity, medication instructions, contact info, etc.)
- Pain Scale (*circle*) 0 1 2 3 4 5 6 7 8 9 10

Notes:

Doctor's Signature _____

Additional Notes:

| | |
|--|----------------|
| <input type="checkbox"/> Drug Log Recorded | ____/____/____ |
| <input type="checkbox"/> Posted for Payment | ____/____/____ |
| <input type="checkbox"/> Comment Card Sent | ____/____/____ |
| <input type="checkbox"/> 1 Week Post-Op Call | ____/____/____ |

Doctor's Signature _____ Date _____