



JUSTIN L. RIDER, DDS, PLLC
— General Dentist Providing Oral Surgery Services —

PATIENT TREATMENT RECORD

FOR DENTIST'S USE ONLY

Name Address 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

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), Auscultation findings documented

Rx: Ibuprofen 600 mg Penn VK 500 mg Clindamycin 150 mg Peridex Zofran 8 mg Decadron 4 mg Other

Procedure Completed/Clinical Notes

[Blank lines for clinical notes]

Doctor's Signature Date

For Office Use Only:
Post-Op Call
Posted
Comment Card