



JAMES R. PAYNE, DDS
— General Dentist Providing Oral Surgery Services —

PATIENT TREATMENT RECORD

FOR DENTIST'S USE ONLY

Name _____ Age _____ DOB _____ Date _____

Address _____ City/ST _____ Zip _____

Email _____ Phone _____

Dentist's Office _____ Fee _____

Diagnostic Criteria: Perio _____ Crowding _____ Pt. Election _____ Prev. Pain/Swelling _____ N/R Caries _____
Cyst _____ Other _____

Procedure Planned _____ S/F _____

Pre-Op Pano: Date ____ / ____ / ____

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) (See Moderate Sedation Record)
Known allergies, Patient surgical/anesthesia history reviewed, Patient and procedure verified
Patient meds reviewed/modified, Pre-op instructions given (written & oral), Peds/high-risk considerations addressed
Medical consult, Post-op instructions given (written & oral), Auscultation findings documented

Rx: Amoxicillin 500mg _____ Motrin 400mg _____ Acetaminophen 500mg _____ Peridex _____ Zofran 8mg _____ Other _____

Consult _____ 9239 _____ 9243 _____ 9243 _____ 9243 _____

Tooth _____ Code _____: Incision & flap Remove bone Section tooth Elevate & Extract Smooth, Curette, & Irrigate

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9610 IV Medication: Decadron Ketorolac

Post-Op Call

Other Notes _____

Doctor's Signature _____ Date _____