



STEVE RAGSDALE, DDS, PLLC

PATIENT TREATMENT RECORD — FOR DENTIST'S USE ONLY

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

Address _____ City/ST _____ Zip _____

Email _____ Phone _____

Patient's Post-Op Ride _____ Phone _____

Diagnostic Criteria: Perio ____ Crowding ____ Pt. Election ____ Prev. Pain/Swelling ____ N/R Caries ____
Cyst ____ Purulent ____ Ortho ____ Non-restorable Cracked ____ Other _____

Dentist's Office _____ Fee _____

Tx Planned: Ext 1 ____ 16 ____ 17 ____ 32 ____ Other ____ IV Sed ____ Socket Pres/Bone Graft ____ GTR ____ IV Sed Only ____ S/F _____

Pre-Operative X-ray: Pano CBCT PA Other _____ Date ____/____/____ I/F _____

Sutures if used: Glue Stitch Chromic; Vicryl; Gut; ____3* ____4* Site # _____ # of Sutures _____ O/F _____

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

Pre-Operative Sedation/Anesthesia Checklist (110.13)

- Medical history reviewed (N/A) (Yes) (No) medical consult completed Auscultation findings documented
 Patient allergies reviewed Physical exam (ASA, mallampati, NPO, pre-vitals, height, weight, BMI, PR, RR) Pre-op equipment readiness check complete
 Patient surgical/anesthesia history reviewed NPO >= 6 hrs. Other _____ Pre-procedure treatment review (correct patient & procedure)
 Family surgical/anesthesia history reviewed (N/A) (Yes) (No) Pedo/high-risk addressed
 Patient meds reviewed/modified Notes/explanations for omitted items _____
 Confirmation that written & verbal pre-op & post-op instr. delivered to patient, parent, legal guardian, or caregiver _____

M.H.R. Pertinent Findings—PSH/Anes Hx; Family Surg/Anes Hx (110.13):

- Pre-op meds/modifications (last 24 hrs.) updated & present on Medical History Update form (No) (Yes) PSH/Anes Hx (significant) (No) (Yes) Alcohol/Tobacco/Vape/Drug use 3 fingers (opening) 2 fingers (opening)
 (No) (Yes) adverse drug reactions (No) (Yes) Family Surg/Anes Hx (No) (Yes) Obstructive sleep apnea
If yes, expl: _____ If yes, circle which product(s) above _____
 No significant past surgical history (No) (Yes) Loose/teeth fills Consent signed _____ Additional Notes _____
 Lungs clear to auscultation RR&R (No) (Yes) Loose/teeth fills Patient voided _____
Explain items not checked above Not pregnant or N/A _____

Procedure Completed/Clinical Notes:

- 24g, 22g, IV Catheter Throat barrier placed No lingual plate or mandibular canal invasion (intact)
 Rt ACF Left ACF FTMP envelope flap IA nerve not visualized IA visualized intact ____17____32
 Rt hand dorsal Left hand dorsal Buccal trough No sinus invasion
 NIBP, SpO2, ECG Sectioned roots w/ surgical handpiece Patient tolerated procedure well; RTC PRN 1 wk. P/O
 Resp Rate Luxated/elevated w/ light forces using elevator and forceps (Yes) (No) Recovery & discharge continuous monitoring of consciousness; oxygenation; ventilation circulation (110.5)
 Precordial stethoscope Removed follicle(s)/cyst(s)/degranulated site(s) Post-procedure verbal & written instructions given to patient/escort
 EtCo2 Copious irrigation 0.9% NaCl Aldrete score = 10 or 9 or 8 or _____
 Continuous monitoring of consciousness; patient able to respond to verbal command throughout procedure If abnormal, check & explain: Skin color O2 Sat Mucosa Responsiveness
Notes _____

FDDB cortical/cancellous 0.25-1mm soaked 0.9% NaCl Retained roots ____1 ____16 ____17 ____32
 Creos Other _____ Due to increased risk of surgical complication, informed patient/patient's ride; follow-up protocol given

GTR resorbable membrane trimmed and sutured in place Creos xenoprotect
 Foundation trimmed and sutured in place
 Other _____
Additional Notes _____

Rx: Ibuprofen ____600mg ____800mg x 30; Take 1/2 to 1 tab q6h prn pain Cleocin 150mg x 20; Take 1 tab q6h, until gone
 Penn VK 500mg x 20; Take 1 tab q6h, until gone Augmentin 875mg/125mg; Take 1 tab BID, until gone
 Peridex (1 pint) x 1; Swish 1/2 oz. 3 times daily, until gone Tylenol 30mg/300mg x 20; Take 1-2 tabs q6h prn pain, starting day after surgery
 Zofran ODT ____4mg ____8mg x 6; Take 1 q12hr prn nausea Norco ____5mg ____7.5mg/325mg x 18; Take 1 tab q6h prn pain
Other _____ Control # _____
 Post-op/Anesthesia instructions given (both written & oral)

Midazolam: ____Admin ____Waste ____Total Precedex: ____Admin ____Waste ____Total Fentanyl: ____Admin ____Waste ____Total

Doctor's Signature _____ Other: _____