



HEATH SNELL, D.D.S., P.C.

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3 of 6

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 _____

M.H.R. Pertinent Findings: _____

_____ Allergies: _____

Consent Signed N.P.O. x _____ hrs. Pt. Voided Smoker Pregnancy ASA _____

Dentist's Office: _____ Fee: _____

Procedure Planned: _____ S/F: _____

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

Pre-Op Meds/Drugs: _____ O/F: _____

Post-Op Ride: _____ Post-Op Ride's #: _____

Pre-Op Vital Signs: ECG _____ PSO2 _____ BP _____ RR _____

Sutures: Silk; Gut; Vicryl; _____ Assts: _____ Asst. Fee: _____

Rx:

Norco 7.5/325mg

Cleocin 150mg x

Penn Vk 500mg x

Zofran ODT 8mg x

Peridex (1 pint) x

Decadron 4mg x

Other _____

Start Time :	→ 0	0	1	1	2	2	3	3	4	4	5	5	6	Admin/Wasted
	5	0	5	0	5	0	5	0	5	0	5	0	5	0
Midazolam/cc	5 mg/cc													/
Diazepam/cc	5 mg/cc													/
Fentanyl/cc	50 mcg/cc													/
Dexamethasone	4 mg/cc													/
														/
Oxygen (L/Min)														
N2O (L/Min)														
Fluids: D5W														
2% Lidocaine Carps.	1:100k													
0.5% Marcaine Carps.	1:200k													

Procedure Completed/Clinical Notes: _____

For Office Use Only:

Post-Op Call _____

Comment Card _____

Posted _____

Drug Log _____

1-wk. Post-Op Call _____

Post-Op Instructions D/C Criteria Met D/C Time :