

Sedation Visit Document

Prior to Sedation Visit

Patient: _____ Date: _____

Medical Status: ASA I II III (*circle one*) Age: _____

Allergies (drug & food): _____ Weight: _____ lbs.

Diet habits: Eats/snacks every ____ hours. Usual bathroom routine: _____

Dietary notes & amount of sugar in diet: _____

Patient's job & favorite hobbies: _____

Baseline Pulse _____ Sa O2: _____ % BP: _____ / _____

During Treatment

Medications:

Triazolam:

Dosage	Time	Dosage	Time	Dosage	Time

2% Mepivacaine 1:20,000 Neo: _____

3% Mepivacaine _____

2% Lidocaine with 1:100,000 epi: _____

4% Articaine: _____

4% Citanest Forte: _____

Vital signs: photocopy of Criticare monitor printout is on back of this sheet.

General nature of dental procedure: _____

Completion of Sedation

- All of patient's property returned to caregiver (glasses, watch, pill bottle, etc.)
- Patient tolerated treatment well and was ambulatory and oriented X 3 when they left.
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Dr. Smudde signature

Assistant's name