

METRO ORAL SURGERY ANESTHESIA RECORD

Patient's Name _____

Date _____

Escort Present: ☐ Yes ☐ No ☐ NPO _____ hrs

ASA Class I II III IV

Cosent signed: ☐ Change in Medical Hx: ☐

Pre-Med: ☐ _____

Allergies: _____

Time:

Anesthesia Start _____ Anesthesia Finish _____

Monitors:

☐ Pulse Ox. ☐ BP ☐ ECG ☐ CO2 ☐ Prec. Steth. ☐ Temp.

☐ O₂/N₂O IV/Location: ☐ ACF ☐ Hand ☐ BF ☐ Angiocath

IVF: _____ cc _____

Meds:

_____ mg ☐ Midazolam ☐ Diazepam ☐ _____

_____ mg ☐ Demerol ☐ Fentanyl ☐ _____

_____ mg ☐ Ketamine ☐ Propofol ☐ _____

_____ mg ☐ Dexamethasone

_____ mg ☐ _____

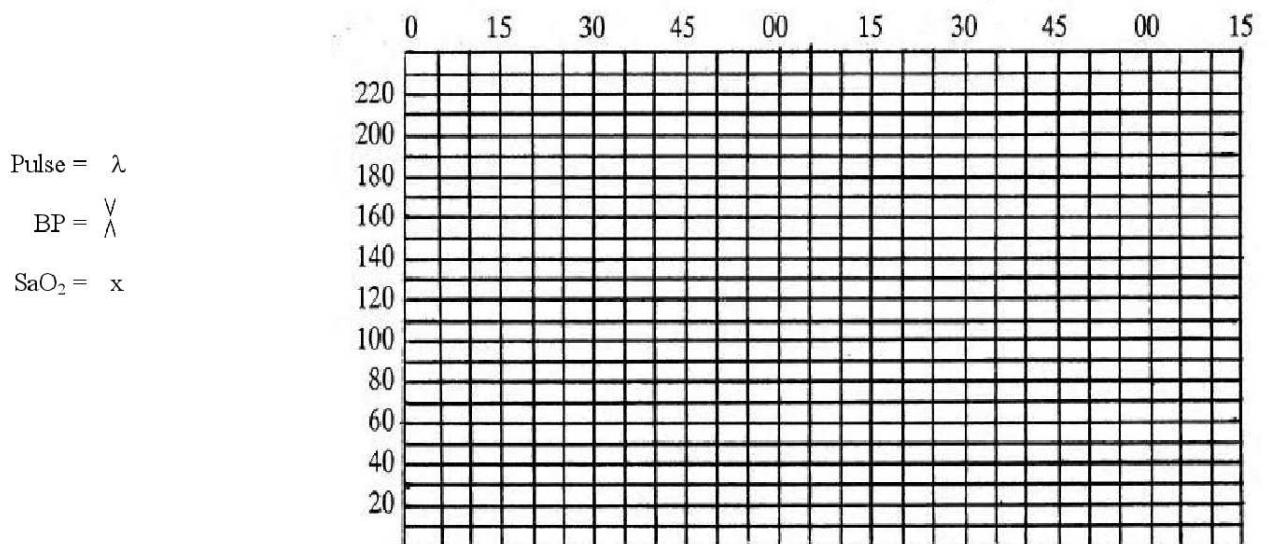
Local Anesthesia:

☐ Lido 2% w/1:100k epi. _____ carps

☐ Carbocaine 3% _____ carps

☐ Septo 4% w/1:100k epi. _____ carps

☐ Marcaine 0.5% w/1:200k epi. _____ carps



Procedure:

Surgeon: _____

Staff: _____

☐ SR ☐ Handpiece ☐ Mucoper. Flap ☐ Follicle Removal ☐ Curettage ☐ _____

Sutures: ☐ CGS ☐ PGS ☐ BSS ☐ _____

Complications: _____
☐ NVB ☐ Sinus ☐ Root Tips ☐ Adjacent Structures ☐ Specimen

Prescriptions:

☐ Lortab _____ x

☐ PenVK 500mg x _____

☐ Percocet _____ x

☐ Cleocin 150mg x _____

☐ Mepergan Fort. x _____

☐ Keflex 500mg x _____

☐ Ultram x _____

☐ Phenergan 25mg x _____

☐ Flexeril 10mg x _____

☐ Medrol Dose Pack x _____

☐ _____

☐ _____

Post-op instructions: ☐ Written ☐ Verbal to: _____

Condition: ☐ Responsive ☐ Ambulating: ☐ w/o assistance

☐ w/ assistance

Doctor's Initials: _____