

**K. SCOTT WILLIAMS, D.D.S., P.A.**

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**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. ASA \_\_\_\_\_ BMI \_\_\_\_\_

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 \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_

Sutures: Silk; Gut; Vicryl; \_\_\_\_\_ Assts: \_\_\_\_\_ Asst. Fee: \_\_\_\_\_

**Rx:**

- Ibuprofen 600mg x 20; Take 1 tab q6h for 3 days prn pain, then take 1 q6h prn
- Penn VK 500mg x 20; Take 1 tab q6h until gone
- Peridex (1 pint) x 1; Swish ½ oz. morning and night, until gone
- Zofran ODT 8mg x 10; Take 1 q8h prn nausea
- Azithromycin 250mg x 5; Take 2 tabs day 1, then 1 tab daily on days 2-4
- Ultram 50mg x 20; Take 1-2 q4-6h prn pain
- Other: \_\_\_\_\_

**For nitrous oxide patients:**

N2O (L/Min)—6L/Min @ 50% Start \_\_\_\_\_ : \_\_\_\_\_ End \_\_\_\_\_ : \_\_\_\_\_

Oxygen (L/Min)—3L/Min @ 100% 5 min. post-op

2% Lidocaine Carps. 1:100k \_\_\_\_\_

0.5% Marcaine Carps. 1:200k \_\_\_\_\_

Procedure Completed/Clinical Notes Transalveolar removal of teeth #s: \_\_\_\_\_

\_\_\_\_\_

EBL< \_\_\_\_\_ cc. Patient tolerated procedure

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***For Office Use Only:***

Post-Op Call \_\_\_\_\_

Comment Card \_\_\_\_\_

Posted \_\_\_\_\_

Drug Log \_\_\_\_\_

1-wk. Post-Op Call \_\_\_\_\_

Post-op instructions given (W&O)  D/C Criteria Met Per Rule 110.5(6) C&D