

Dental Procedure Checklist

Patient Name: _____ **DOB:** _____

Allergies: _____

Procedure: _____

Appointment Review

1. Verbalize Medical History; Medications Current, Updated, Reviewed
2. Verbalize Premedication Status
3. Review Allergies (Medications, Materials)
4. Update Dental History (e.g. Periodontal Exam, Oral Cancer Screening, Temporomandibular Joint)
5. Review Notes From Other Health Care Providers, Including Specialists
6. Review Treatment Plan Documentation
7. Verbalize Procedure; Confirm if Informed Consent Required
8. Verbalize That Radiographs and/or Study Models Are Available
9. Verbalize That All Equipment & Materials Are Available
10. Verbalize the Level of Assistance Required
11. Review Special Instructions, Needs for Today's Procedure

Confirmed Not Confirmed

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Procedure

1. Perform Preliminary Procedure (Such As Caries Removal, Gross Debridement)
2. Determine Final Procedure and Inform Patient
3. Verbalize New Critical Steps in Sequence

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Before Dismissal

1. Review With Patient the Treatment Performed
2. Review With Patient Postoperative Instructions & Care
3. Prescribe Medications (Verbalize That No Contraindications Exist)
4. Complete Referral Forms
5. Inform Patient of Next Step

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After Dismissal

1. Review Unexpected Events
2. Inform Team Members of Necessary Follow-up Items
3. Review Any Equipment Problems
4. Complete Laboratory Prescriptions
5. Record Legible Notes in Patient's Dental Record

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Before Procedure

1. Verbalize Anesthetic Method, Location, Expected Amount
2. Verbalize Critical Steps in Sequence
3. Verbalize Potential Deviations From Treatment Plan

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