

Oral Sedation Record

Pre-Op

Date _____

Patient Name _____

Patient Data Height _____ Weight _____ Age _____

American Society of Anesthesiologists' Classification (ASA) _____

Medications _____

Drug Allergies _____

Baseline Vitals: Pulse (bpm) _____ BP (mmHg) _____ / _____ SpO₂ _____

Peri-Op

Vitals during appointment Pulse (bpm) _____ BP (mmHg) _____ / _____ SpO₂ _____ %



Medication & Dosage	Time

Post-Op

Vitals signs at discharge:

Pulse (bpm) _____ BP (mmHg) _____ / _____ SpO₂ _____ %

- ☐ Discharge criteria satisfied
- ☐ Post-operative Instructions given to patient and companion
- ☐ Patient instructed when to resume normal eating and drinking
- ☐ Patient given emergency contact phone numbers
- ☐ Patient released to responsible adult companion

Dentist Name (Sign & Print) _____

Assistant's name _____