



PRESTON HOLLOW PERIODONTICS & IMPLANTOLOGY  
JEFFREY POPE, DDS, MS

**Preoperative Sedation/Anesthesia Checklist**

Patient Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Assistant: \_\_\_\_\_

Sedation Type: N2O Level 1 Level 2 Level 3 Level 4

Date: \_\_\_\_\_

**Preoperative Patient Evaluation**

Medical History:
Medications:
Allergies:
Past Surgical History:
Past Anesthesia History:
Past Family Anesthesia/Surgical History:
Medical Consults/Clearance:

**Anesthetic Consents and Instructions**

Consent for Surgery:
Consent for Sedation:
Preoperative Instructions:
Postoperative Instructions:

**Preoperative Physical Assessment**

ASA Status:
Airway Assessment (Mallampati):
NPO:
Height:
Weight:
BMI:
BP:
Pulse:
Respiratory Rate:
Auscultation of Heart and Lungs:

**Anesthetic Pre-Procedure Equipment Check**

Monitor:
Airway:
IV:
Emergency Drugs:
Suction:

**Anesthetic Pre-Procedure Treatment Review**

Correct Patient/Procedure:
Pediatric Preoperative Considerations:
High Risk Patient Preoperative Considerations:

Signature: \_\_\_\_\_