

Administrative Post-Operative Steps

Primary responsibility: Nurse/Dental Assistant

Timing: After leaving OR

Location: Consultation room and/or front desk



Analgesics provided/prescribed (confirmed with escort)

☐ Yes ☐ Not Applicable

Extra gauze pads provided

☐ Yes ☐ Not Applicable

Postoperative information provided, incl. after hours phone numbers (confirmed with escort)

☐ Yes ☐ Not Applicable

Operative report in patient's file

☐ Yes ☐ Not Applicable

Patient Name:

Date:

Primary Responsible:

Comments:

This checklist shall not substitute appropriate medical verification prior to the intended procedure and shall be used as an additional informative tool only. FOR does not make any representation as to the accuracy, fitness or completeness of the checklist.

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