

Patient Pre-Operative Steps

Primary responsibility: Clinician/Surgeon or Nurse/Dental Assistant

Timing: Shortly before surgery

Location: Chairside in OR/Surgical Suite/Operatory



Signed informed consent form in patient's file

Yes Not Applicable

Signed financial estimate in patient's file

Yes Not Applicable

Premedication taken as prescribed

Yes Not Applicable

Radiographs checked and put on display

Yes Not Applicable

Nature of operation clearly indicated and double-checked with patient

Yes Not Applicable

Tooth numbering verified with pre-treatment record and confirmed with patient

Yes Not Applicable

Practitioner is aware the patient wears a removable denture

Yes Not Applicable

Surgical guide is readily available and disinfected

Yes Not Applicable

Special instrumentation is functioning and set up (e.g. Piezosurgery unit, osteosynthesis screws, biomaterials, etc.)

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.