

Date: _____

Patient: _____ DOB: _____

Procedure: _____

Escort/Relation Name & Contact Info: _____

Responsibility	Checklist	YES	NO
Admin	Payment		
CDA/Admin	Correct patient name/DOB		
CDA	Complaint & Referral in OMS		
CDA	Radiograph		
RN	NPO status		
RN	Allergies		
RN	Medical/Surgical history reviewed		
RN	Medications reviewed		
RN	Pregnancy status reviewed (Not pregnant)		
RN	Vital signs taken & on Anesthesia record		
RN	Anesthesia alerts reviewed?		
RN	Anesthesia needed?		
RN	Implanted medical devices? Joint prosthetics?		
RN/CDA	Contact lenses, hearing aids, removable teeth removed?		
RN/CDA	All jewelry/piercings removed?		
OMS	Consult/visit with surgeon		
OMS	Prescriptions printed/signed		
RN/CDA	Consent for procedure signed/obtained		
RN	Questions/Concerns addressed		
RN	Blood sugar: _____ mmol/L @ _____ hr		
RN	Oral rinse @ _____ hr		
RN	Ibuprofen _____ mg PO or Tylenol _____ mg PO @ _____ hr Amoxicillin _____ PO or Clindamycin _____ mg PO @ _____ hr Emla Cream applied _____ @ _____ hr		
RN	IV inserted _____ Gauge # _____		
RN	Cautery Pad applied intra-op to site: _____		