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| --- | --- | --- | --- |
| **Responsibility** | **Checklist**  | **YES** | **NO** |
| CDA/Admin | Treatment plan consent (signed) |  |  |
| CDA/Admin | Correct patient name/DOB/Insurance info |  |  |
| CDA/Admin | Payment |  |  |
| CDA | Allergies |  |  |
| CDA | Medical history reviewed |  |  |
| CDA | Medications reviewed |  |  |
| CDA | Implanted medical devices or joint prosthetics |  |  |
| CDA | Contact lenses, hearing aids, removable teeth  |  |  |
| CDA | Jewelry, piercings removed |  |  |
| CDA | Radiographs: pre-op |  |  |
| CDA | Surgical guide, impressions |  |  |
| CDA | Provisional appliance, denture |  |  |
| Dentist | Consult/re-consult with Dentist |  |  |
| CDA/Dentist | Prescriptions printed/signed by Dentist |  |  |
| CDA/Dentist | Sedation (if yes, note escort info above\*) |  |  |
| CDA | Consent for procedure (signed) |  |  |
| CDA/Dentist | Questions/concerns addressed |  |  |
| CDA | Oral rinse @ \_\_\_\_\_\_\_\_\_\_\_hour |  |  |
| Dentist | Pre-op Meds |  |  |
| CDA | Sterile Technique: \_\_\_\_\_\_Aseptic Technique: \_\_\_\_\_\_ |  |  |
| CDA | Treatment room, equipment ready |  |  |
| CDA | Radiographs: post-op |  |  |
| CDA | Post-op instructions |  |  |
| CDA | Follow-up appointment |  |  |