

Dental Treatment Rendered for _____ (Patient Name)

The following treatment was performed on _____ (date).

- Oral examination and/or denture evaluation _____
- Radiographs _____
- Teeth and/or denture cleaning _____
- Extraction of teeth # _____
- Restoration of teeth # _____
- Crown preparation or delivery of teeth # _____
- Rebase of dentures/partial _____
- Denture/partial construction _____
- Other _____

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- Antibiotic/Anxiolytic _____ # tabs _____ given at _____ for duration of _____
 - Anticoagulant _____ held on _____ resumed on _____
 - Anesthetic _____

Following treatment, the patient was returned to: their room the nursing station.
 Other _____

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- The patient's denture/partial/crown has been sent to the dental laboratory.
 - The anticipated date of return is: _____
 - Please modify diet as needed.
 - Please consult the patient's attending physician regarding pain medication following the procedure.
 - The patient should bite on gauze for 30 minutes to reduce bleeding. Gauze should be replaced every 5-10 minutes.
 - To reduce bleeding, seep a tea bag in hot water for 1 minute. Place in extraction area and have patient bite to apply pressure for 3-5 minutes. Repeat if needed.
 - The first 24 hours after tooth extraction, the patient should refrain from the following: spitting, rinsing, smoking, and alcohol consumption. Also avoid strenuous activities, bending and lifting, and direct brushing of the affected area.
 - To begin 24 hours after procedure: Salt water rinse: 8 oz. glass warm water with 1/4 teaspoon of salt. Roll around in mouth and let drain. Use the full glass until the glass is empty. Repeat salt water rinse 3-4 times per day. Brushing of the affected area can be started again.
 - Please contact Dr. Ghezzi if any of the following complications arise: Profuse uncontrollable bleeding, severe uncontrollable pain, swelling which has its initial onset AFTER the first 48 hours following surgery, a markedly elevated temperature.
 - Please contact Dr. Ghezzi if you have any concerns regarding treatment rendered.

Next Visit/Follow up Plans: _____

Signature: _____ Date: _____