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Dr. Sarah Clinics
Dentistry & Aesthetics

SEDATION CHECK APPOINTMENT Telephone/In clinic

Date
Patient name DOB
Address
Telephone Email
Dentist Name
Practice Name/ location
Dentist contact email /telephone
Full exam has been carried out by dentist
Patient has read sedation info/consent sheets/sedation check list discussed
Patient has been advised of sedation options
Patient is aware of proposed tx and date
Escort has read instructions and pt has given permission to discuss tx
Nature of anxiety
MDAS/IOSN score
Social history
Dental history
Sedation/GA history
Venous access problems in past/veins visible

MH
Medications
Allergies
Smoking Alcohol
Neurodivergence
ASA
Height weight BMI
BP O2 Pulse
Airway assessment: Clinically seen by dentist
Sleep apnoea Mallampati Neck/shoulder mobility issues