



PAUL A. BRANNEN, DMD, LLC
EXTRACTION RECORD

Patient Name _____ Age _____ DOB ____ / ____ / ____ Date ____ / ____ / ____

Procedure to be completed in the office of _____ Pt Email _____

Teeth to be Extracted: #s _____ Fee \$ _____ A/F \$ _____ S/F \$ _____

CC " _____ " Pt Phone # (____) _____

Post-Op Ride _____ Post-Op Ride's # (____) _____

Radiograph(s): Pano PA Other _____ Date ____ / ____ / ____ Exam/Consult: Y N Assistants _____

Findings/Diagnosis:

Impacted/Malposed # _____ Caries/Non-restor # _____ RCT declined # _____

Recur Pericoronitis # _____ Periodontal Disease # _____ Pre-prosthetic # _____

Sympt/Asympt # _____ Irrever/Necro/Prev RCT # _____ Other # _____

ASA: I II III Mallampati: I II III IV BMI _____

Informed Consent/PARQ:

Obtained both written and verbal, patient and/or legal guardian had opportunity to ask questions

Pre-Operative Medication _____ BP ____ / ____ P ____ bpm

Medical Hx: See Medical History Form See Sedation Record NKDA Allergies _____

Local Anesthesia: 2% Lido w/ 1:100k epi, _____ carts 0.5% Marc w/ 1:200k epi, _____ carts

4% Septo w/ 1:100k epi, _____ carts 3% Carbo, _____ carts Other _____

Procedure:

Non-surgical EXT # _____

BB and throat barrier placed; tissue released; elevator & forcep removal whole; curette granulation tissue prn; profuse irrigation w/ 0.9% NaCl solution; damp gauze placed for hemostasis

Surgical EXT # _____ Justification _____

BB and throat barrier placed; FTMPF; peripheral ostectomy; tooth sectioned w/ HP under copious irrigation, tooth removed w/ elevator and forceps; bone file and/or Rongeur used prn; curette granulation tissue prn; profuse irrigation w/ 0.9% NaCl; damp gauze placed for hemostasis _____ Suture(s) placed: Gut; Vicryl; Silk; PTFE

Ridge Pres/Bone Graft # _____ Justification _____

Foundation trimmed and placed; _____ Suture(s): Gut; Vicryl; Silk; PTFE Allooss (50/50 cort/canc; cancellous; cortical) mixed w/ 0.9% NaCl and placed in socket/defect, RCM6 collagen membrane trimmed and positioned under tissue flap; _____ Suture(s): Gut; Vicryl; Silk; PTFE Other _____

Maxillary 3rd molars # _____

- | | |
|---|--|
| <input type="checkbox"/> BB and throat barrier placed | <input type="checkbox"/> Tooth removed whole w/ elevator and forcep |
| <input type="checkbox"/> No incision | <input type="checkbox"/> Follicular tissue removed |
| <input type="checkbox"/> FTMPF | <input type="checkbox"/> Bone file/Rongeur used to smooth bone |
| <input type="checkbox"/> DB incision w/ M vertical release | <input type="checkbox"/> Curette granulation tissue prn |
| <input type="checkbox"/> DB incision intrasulcular to 1 st molar | <input type="checkbox"/> Profuse irrigation w/ 0.9% NaCl |
| <input type="checkbox"/> Peripheral ostectomy to fully uncover tooth | <input type="checkbox"/> Damp gauze place for hemostasis |
| <input type="checkbox"/> DB, B, MB, trough | <input type="checkbox"/> _____ Suture(s) placed: Gut; Vicryl; Silk; PTFE |
| <input type="checkbox"/> Tooth removed in pieces w/ elevator and forcep | |

Mandibular 3rd molars # _____

- | | |
|--|--|
| <input type="checkbox"/> BB and throat barrier placed | <input type="checkbox"/> Tooth removed in pieces w/ elevator and forcep |
| <input type="checkbox"/> No incision | <input type="checkbox"/> Tooth removed whole w/ elevator and forcep |
| <input type="checkbox"/> FTMPF | <input type="checkbox"/> Follicular tissue removed |
| <input type="checkbox"/> DB incision w/ M vertical release | <input type="checkbox"/> Bone file/Rongeur used to smooth bone |
| <input type="checkbox"/> DB incision intrasulcular to 1 st molar | <input type="checkbox"/> Curette granulation tissue prn |
| <input type="checkbox"/> Peripheral ostectomy to fully uncover tooth | <input type="checkbox"/> Profuse irrigation w/ 0.9% NaCl |
| <input type="checkbox"/> DB, B, MB, trough | <input type="checkbox"/> Damp gauze place for hemostasis |
| <input type="checkbox"/> Incomplete B/L section w/ HP, completed w/ elevator | <input type="checkbox"/> _____ Suture(s) placed: Gut; Vicryl; Silk; PTFE |

Post-Operative Instructions: Both written and verbal given to patient and/or legal guardian and escort. Extra gauze and Monoject syringe provided. Release signed by escort.

Rx: Pen VK 500mg x 20 Clindamycin 150gm x 20 Peridex rinse 4oz x 1 Norco 5/325mg x 6
 Ibuprofen 600mg x 30 Other _____

Other Pertinent Notes _____

Doctor's Signature _____ Date _____