

# SURGERY REPORT

**Patient Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_  
 ASA:  1  2  3  4

**Date of Surgery:** \_\_\_\_\_  
**SURGEON:** \_\_\_\_\_  
**ASST:** \_\_\_\_\_

**Prophylactic Medications:** Amoxicillin \_\_\_\_\_ Augmentin \_\_\_\_\_ Clindamycin \_\_\_\_\_ Keflex \_\_\_\_\_  
 Cefitin \_\_\_\_\_ Dexamethasone \_\_\_\_\_ Chlorhexadine \_\_\_\_\_ Other \_\_\_\_\_

**Vital Signs:**

Initial: \_\_\_\_\_ Time Taken : \_\_\_\_\_  
 BP \_\_\_/\_\_\_ BP \_\_\_/\_\_\_ BP \_\_\_/\_\_\_ BP \_\_\_/\_\_\_ BP \_\_\_/\_\_\_ HR \_\_\_/min  
 HR \_\_\_/min HR \_\_\_/min HR \_\_\_/min HR \_\_\_/min RESP \_\_\_/min RESP \_\_\_/min  
 RESP \_\_\_/min RESP \_\_\_/min RESP \_\_\_/min

**Surgery Start Time:** \_\_\_\_\_

**Intra/Extra Oral Scrub:** 0.12% Chlorhexadine

**ANESTHESIA(qty):**  Block  Infiltration  
 \_\_\_\_\_ 2% Lidocaine w Epi 1/100k:1/50k  
 \_\_\_\_\_ 4% Articaine w Epi 1/100k:1/200k  
 \_\_\_\_\_ 0.5% Marcaine w Epi 1/200k  
 \_\_\_\_\_ 2%/3% Mepivacaine 1/20k Neo

**INCISION:**

Crestal: \_\_\_\_\_ to \_\_\_\_\_ / other \_\_\_\_\_  
 Release:  Anterior  Posterior

**REFLECTION:**  Full  Partial

**IMPLANTS**

Area							
Diameter							
Length							
Type							

**BONE GRAFT**

Area							
Type							
Membrane							
Tent Screw							

**SINUS GRAFT:**  SA-1  SA-2  SA-3  SA-4

**CLOSURE:**

Vicryl  PTFE  
 3-0  4-0  5-0

**BLOOD LOSS:**

Minimal  Moderate  Excessive

**Surgery End Time:** \_\_\_\_\_

**POST- OPERATIVE RADIOGRAPHS:**

PA  PANOREX  CBCT

YES NO Patient tolerated procedure well.  
 YES NO Patient release with vital signs WNL.  
 YES NO Patient or driver given post- op instructions

**COMPLICATIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Add Labels

Signature / Date