

MEDICATION/ANESTHESIA DOSAGE FORM



PATIENT'S FIRST NAME: _____

CANDIDATE ID # _____

C. E. INITIALS _____

PART I: MEDICATIONS

List medications that the patient has taken **today** (day of examination):

PART II: LOCAL ANESTHESIA

- No anesthetic planned. Credentials checked.

DO NOT ADMINISTER ANESTHETIC UNTIL THE CHIEF EXAMINER HAS VERIFIED YOUR ANESTHESIA CERTIFICATION.

List the total amount of anesthetic administered during the examination.

Amount _____ Type _____

- No anesthetic administered to patient.

NOTE: YOU MUST OBTAIN PERMISSION FROM THE CHIEF EXAMINER TO ADMINISTER ADDITIONAL ANESTHETIC IF YOU EXCEED 50% OF THE MAXIMUM SAFE DOSAGE (Refer to table below).

C. E. initials needed here to approve additional anesthetic _____

SHARING A PATIENT ON THE SAME CLINIC DAY

In order to track the amount and type of anesthetic given to a patient during a one-day period, the candidate in the afternoon group must complete this section of this form.

This patient was shared with Candidate ID # _____ . The following is the total dosage of anesthetic administered to this patient during the morning group:

Amount _____ Type _____

AMIDES

AMIDES: MAXIMUM DOSAGES - MRD -A**

			mg/lb.	Absolute max. mg.	Absolute max. cart.
Lidocaine:	Xylocaine, Alphacaine, Octocaine	Lidocaine 2%	2.0	300	8
Mepivacaine:	Carbocaine, Arestocaine, Isocaine, Polocaine	Mepivacaine 3%	2.0	300	5.5
Prilocaine:	Citanest Plain, Citanest Forte	Mepivacaine 2%	2.0	300	8
Bupivacaine:	Marcaine	Prilocaine 4%	2.7	400	5.5
Articaine:	Septocaine	Bupivacaine 0.5%	0.6	90	10
		Articaine 4%	3.2	500	6.9

MILLIGRAMS PER CARTRIDGE

concentration	.5%	1.0%	1.5%	2.0%	3.0%	4.0%
mg/cartridge	9mg	18mg	27mg	36mg	54mg	72mg

*As with all local anesthetics, the dosage varies depending on the area to be anesthetized, tissue vascularity, individual tolerance, and anesthesia technique. The lowest dose needed to provide anesthesia should be administered.

**Stanley F. Malamed. *Handbook of Local Anesthesia*. 5th edition, ©2004.