Dental Surgical Site Verification Form

Patient Name:

Date of Surgery:

Time:

Surgeon:

Assistant(s):

Procedure:

Tooth/Area:

Pre-Surgical Verification

☐ Patient chart reviewed and matches booking

☐ Radiographs/images available and reviewed

☐ Consent form signed

☐ Surgical site marked

Notes

Verification Signatures

Surgeon:

Date:

Assistant:

Date: