Oral Booking Form

|  |  |
| --- | --- |
| Patient ID | Consultant |
|  |  |
|  | Date of Clinic |
| **Priority Level PLEASE TICK APPROPRIATE**1a 1b 2 3 4  |  |
| Procedure:  | R/ L/ BilateralAnaesthetic GA LA |
| **Intended Management** (please circle) | **Day Case** or **Overnight Stay** |
| Priority | Laser – Main Theatre Only  |
| Rapid Referral (within 2 weeks) | Urgent (within weeks) |
|  | Routine  |
| Estimate duration of procedure:(including anaesthetic time) | Estimate length stay/days:  |
| Special requirements |  |
| ITU/HDU/Britford HDU | Laparoscopy/EndoscopyRoutine/Complex |
| Additional Comments e.g.Non Standard theatre traysImplant (if not usual for this op)Microscope (if not usual for this op)Equipment (if not usual for this op)Specific staff requirements |  |
| Surgeon completing form (print name) |  |
|  |  |

Patient Contact Details

|  |
| --- |
| Patient will accept short notice |
| Contact Numbers |
| e-mail |

Patient to return to dept for pre op

Oral Surgery

|  |  |  |
| --- | --- | --- |
| Operation  | Mins | Tick |
| Wisdom Teeth |  |  |
| Extraction of Teeth |  |  |
| Tongue Tie |  |  |
| Laser etc. |  |  |
| Removal Plate |  |  |
| Removal of Lesion |  |  |
| Conservation & Scale |  |  |
| Dental Clearance |  |  |
| Osteotomy – Mandibular Distraction |  |  |
| Osteotomy – Sagittal Split |  |  |
| Genioplasty |  |  |
| Alveolar bone graft – unilateral |  |  |
| * Bilateral
 |  |  |
| Parotidectomy  |  |  |
| Submandibular Gland |  |  |
| Neck dissection |  |  |
| Septorhinoplasty + rib graft |  |  |
| Other DSU |  |  |
| Other Main Theatre |  |  |