Oral Booking Form

|  |  |
| --- | --- |
| Patient ID | Consultant |
|  |  |
|  | Date of Clinic |
| **Priority Level PLEASE TICK APPROPRIATE**  1a 1b 2 3 4 |  |
| Procedure: | R/ L/ Bilateral  Anaesthetic  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/Endoscopy  Routine/Complex |
| Additional Comments e.g.  Non Standard theatre trays  Implant (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 |  |  |