

CANDIDATE ID LABEL

LOCAL ANESTHESIA INJECTION INFORMATION SHEET

Patient First Name: _____

Initial Exam Attempt

Onsite Retake Exam Attempt

New Patient

Existing Patient

Anesthetic Type and Expiration Date: _____

INJECTION	INJECTION SITE		NEEDLE LENGTH	
IA	LEFT	RIGHT	LONG	SHORT
PSA	LEFT	RIGHT	LONG	SHORT

Complete this section after evaluation; form remains at operatory.

Total amount of anesthetic administered (ml or mg): _____