



AMERICAN BOARD of
DENTAL EXAMINERS

CANDIDATE ID LABEL

LOCAL ANESTHESIA INJECTION INFORMATION SHEET

Patient First Name: _____

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Initial Exam Attempt

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Onsite Retake Exam Attempt

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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): _____