

Student Name: \_\_\_\_\_ (please print clearly)  
Rotation Dates: \_\_\_\_\_

**Dental Student Procedures Record  
OSG 831/841  
Oral and Maxillofacial Surgery**

**Extractions: Simple (anterior):** \_\_\_\_\_  
**Simple (posterior):** \_\_\_\_\_

**Surgical (anterior):** \_\_\_\_\_  
**Surgical (posterior):** \_\_\_\_\_

**Impactions:** \_\_\_\_\_

**Alveoplasty (No. of quadrants):** \_\_\_\_\_

**Tori Reduction: Maxillary:** \_\_\_\_\_  
**Mandibular:** \_\_\_\_\_

**Incision and Drainage:** \_\_\_\_\_

**Suturing (No. of patients):** \_\_\_\_\_

**Conscious Sedation Experience:**

**Nitrous Oxide:** \_\_\_\_\_  
**IV Sedation:** \_\_\_\_\_

**Operating Room Experience:** Yes No

**Hospital Call Experience:** Yes No