

Dental Post-Operative Care Checklist 2026: Patient Instructions & Follow-Up

Immediate Post-Procedure Instructions

Essential verbal and written directions provided to the patient immediately following the procedure to ensure initial stability and comfort.

Procedures Performed

- ☐ Extraction
- ☐ Root Canal
- ☐ Dental Implant Placement
- ☐ Crown/Bridge Delivery
- ☐ Bone Grafting

Immediate Post-Op Verbal Instructions Given

Write something...

Gauze/Bite Pack Status

- ☐ Placed and active
- ☐ Removed by patient
- ☐ N/A

Date of Procedure

Enter date...

Clinician Verification

Pain Management & Medication Protocol

Clear guidance on prescribed medications, over-the-counter dosage instructions, and management of swelling or discomfort.

Prescribed Medications Administered

- ☐ Antibiotics
- ☐ Analgesics (Pain Relief)
- ☐ Anti-inflammatories
- ☐ Anesthetics

Specific Dosage Instructions

Write something...

Patient-Specific Medication Side Effects Noted

Write something...

Pain Level Assessment (Post-Op)

- ☐ Mild
- ☐ Moderate
- ☐ Severe

Clinician Verification of Instructions Given

Dietary Restrictions & Nutrition Guidelines

Specific instructions regarding food textures, temperature limitations, and prohibited substances (e.g., straws, hot liquids) during the healing phase.

Prohibited Food/Drink Types

- ☐ Hot liquids/foods
- ☐ Crunchy/Hard foods
- ☐ Sticky/Chewy foods
- ☐ Acidic/Spicy foods
- ☐ Small seeds/grains

Recommended Food Texture

- ☐ Liquid Diet
- ☐ Soft/Pureed Diet
- ☐ Regular Diet

Specific Dietary Restrictions

Write something...

Additional Nutritional Advice

Write something...

Patient/Guardian Acknowledgment

Oral Hygiene & Wound Care Instructions

Step-by-step guidance on cleaning the surgical site, salt water rinses, brushing techniques, and avoiding physical irritation to the area.

Recommended Cleaning Methods Provided

- ☐ Warm Salt Water Rinses
- ☐ Chlorhexidine Rinse Usage
- ☐ Soft-Bristled Toothbrush Instructions
- ☐ Gentle Area Cleaning Techniques

Specific Wound Care Precautions

Write something...

Patient Demonstrated Understanding of Care

- ☐ Yes, fully understood
- ☐ Partial understanding, requires more explanation
- ☐ No, requires re-instruction

Clinician Verification of Instructions Delivered

Activity & Lifestyle Restrictions

Guidelines on physical exertion, work/school readiness, and avoidance of habits such as smoking or alcohol consumption that may impede healing.

Restricted Activities

- ☐ Heavy Lifting/Strenuous Exercise
- ☐ Contact Sports
- ☐ Bending/Stooping
- ☐ Driving/Operating Machinery

Smoking/Tobacco Use Restriction

- ☐ Strictly Prohibited
- ☐ Permitted with Caution
- ☐ No Restriction

Custom Lifestyle Restrictions

Write something...

Patient Acknowledgment of Restrictions

Emergency Red Flags & Contact Protocol

Identification of symptoms requiring immediate attention (e.g., excessive bleeding, fever) and clear instructions on how to reach the clinic after hours.

Symptoms Identified as Red Flags

- ☐ Uncontrolled Bleeding
- ☐ Severe Swelling/Difficulty Breathing
- ☐ Fever or Chills
- ☐ Intense, Unmanageable Pain
- ☐ Loose Dental Work or Dislodged Sutures

Patient-Specific Emergency Instructions Provided

Write something...

Notes on Patient-Specific Alarms or Concerns

Write something...

After-Hours Contact Method Communicated

- ☐ Emergency Clinic Phone Line
- ☐ Patient Portal Messaging
- ☐ Direct Doctor On-Call Number

Staff Confirmation of Emergency Protocol Review

Follow-Up Appointment Scheduling

Verification of the next scheduled visit, importance of compliance with follow-up timelines, and confirmation of the appointment details.

Next Appointment Date

Enter date...

Next Appointment Time

Enter time...

Appointment Type

- ☐ Routine Check-up
- ☐ Post-Op Review
- ☐ Suture Removal
- ☐ Emergency Follow-up

Patient Reminder Sent

Write something...

Staff Verification Signature

Post-Operative Documentation & Record Keeping

Internal administrative steps to ensure all instructions given are documented in the patient's electronic health record (EHR) for legal and clinical compliance.

Date of Instruction Delivery

Enter date...

Instruction Delivery Method

- ☐ Verbal
- ☐ Printed Handout
- ☐ Email/Digital Portal
- ☐ Phone Call

Topics Covered in Instructions

- ☐ Pain Management
- ☐ Dietary Restrictions
- ☐ Hygiene Protocols
- ☐ Emergency Contact Info
- ☐ Activity Limitations

Clinical Notes & Patient Specific Deviations

Write something...

Clinician Verification Signature

A large, empty rectangular box with rounded corners and a thin gray border, intended for a handwritten signature.

< Previous

> Next

✓ Finish

🔗 Generate Sample Report