Direct Placement Restoration Record (DPR) _____
Date

Patient Name_____

Antibiotic Premedication:
__Not Indicated
__Indicated
__Verified

Anesthetic Carpules Used:
1 2 3 4 5 6 **2% Lidocaine w/ 1/100**,000 epinephrine **(RED)**
1 2 3 4 5 6 **2% Lidocaine w/ 1/50**,000 epinephrine **(GREEN)**
1 2 3 4 5 6 **0.5% Bupivicaine** w/ 1/20,000 epinephrine **(MARCAINE—BLUE)**
1 2 3 4 5 6 **3% Mepivicaine w/o** vasoconstrictor **(CARBOCAINE—WHITE)**
1 2 3 4 5 6 **2% Mepivicaine w/** 1/200,000 neo-cobefrin **(CARBOCAINE—BLACK/BROWN)**
1 2 3 4 5 6 **2% Prilocaine w/** 1/100,000 epinephrine **(CITANEST FORTE-YELLOW)**
1 2 3 4 5 6 **4% Articaine w/** 1/100,000 epinephrine **(SEPTOCAINE)**

Anesthetic Fields:
Blocks:
R L Inferior Alveolar (**IAB**)
R L Long Buccal (**LB**)
R L Lingual Block (**L**)
R L Posterior Superior Alveolar (**PSA**)
R L Greater Pallatine (**GP**)
R L Incisal (**I**)
R L Gow-Gates (**GG**)

Stabident or X-tip Infiltrations:
Adult # 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Periodontal Ligament Infiltrations (PDL):
Adult # 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
Pedo # A B C D E F G H I J
T S R Q PO N M L K

Buccal or Lingual Infiltrations:
Adult # 3 4 5 6 7 8 9 10 11 12 13 14
Pedo # A B C D E F G H I J
T S R Q PO N M L K

Analgesia:
Oral Medication:
Nitrous Oxide

Isolation:
Rubber Dam
Oxygen
Cotton Rolls

Tooth Preparation:
Location:
Tooth #_____ Surfaces: M O D F L I
Tooth #_____ Surfaces: M O D F L I
Tooth #_____ Surfaces: M O D F L I
Tooth #_____ Surfaces: M O D F L I
Tooth #_____ Surfaces: M O D F L I
Tooth #_____ Surfaces: M O D F L I

Completion:
Existing Restoration Removed
Caries Removed
Detector Verified

Bonding and Matrix:
Acid Etch
Glumma/Tenure A&B/Tenure S
Excite/Light Cure
STAE/Light Cure
Plastic Matrix
Tofflemeyer Matrix
Bi-tine Ring (Contact) Matrix
AutoMatrix

Composite Placement:
Flowable Composite
Tetric Ceram (or HRV)
Shade:_____
Microfill Composite
Hybrid Composite
Bulk Fill
Incremental Fill
Plasma Arc/Laser Cure
Visible Light Cure

Amalgam Placement:
Dycal Base
Copalite Varnish
Amalgam Condensed and Carved

Finish:
__Contour
__Finish Occlusion
__Verify Contacts
__Polish
__Glaze

Notes:

RTO: Procedure(s): _____ ASAP 1 2 3 4 5 6 Days Weeks Months

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

App't on Dentrix List ☐

Doctor_____ Notation _____

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