**LOCAL ANESTHESIA INFORMATION SHEET**

**INSTRUCTIONS:** Complete form prior to or immediately after clinic entrance

Candidate ID Number: ________________  
Initial Exam Attempt

Patient First Name: ____________________  
Onsite Retake Attempt

**PATIENT TYPE:**  
New Patient  
Previous Patient  
(appplies to onsite Retake ONLY)

<table>
<thead>
<tr>
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<th>NEEDLE LENGTH</th>
</tr>
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<td>RIGHT</td>
</tr>
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Anesthetic Type and Expiration Date: ____________________________

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

**NOTE:** COMPLETED FORM REMAINS AT OPERATORY

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