Connecticut Department of Developmental Services

Use of Pre-Sedation Medication for Medical/Dental Care Tracking When Reviewed by the HRC

Name:		**DDS#**	
Address:		**Facility/Agency:**	

DATE	PROCEDURE	MEDICATION	DOSE GIVEN	CONSENT DATE	PRE or HRC DATE	COMMENTS

DATE = Date Medication was prescribed
PROCEDURE = Type of procedure/test/exam
MEDICATION = Name of medication prescribed
DOSE GIVEN = Specific amount prescribed, including route of administration
CONSENT DATE = Date consent was obtained
PRC or HRC DATE = Date sent to PRC or HRC
COMMENTS = Additional pertinent information

Revised: 7/1/2009