## Special Care Dentistry Log Book

### Appendix E

#### Category of Patient:

<table>
<thead>
<tr>
<th>Unique Identifier</th>
<th>Date</th>
<th>Age</th>
<th>Sex</th>
<th>Significant Medical History</th>
<th>Treatment Undertaken</th>
<th>Method for Pain &amp; Anxiety Control</th>
<th>P</th>
<th>A</th>
<th>O</th>
<th>Comments</th>
</tr>
</thead>
</table>

Please indicate one choice per case from P, A, O where P = Performed, A = Assisted, O = Observed

Signature of Trainer/Supervisor………………………………………………