**Table 1. Department of Oral & MaxilloFacial Surgery**

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Registration no, Performa no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Age / Sex/ :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Education Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. History of Tooth Extraction (will be blinded):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Indication for 3rd Molar :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Radiographic degree of Impaction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Impaction type | Degree of Impaction | Level of Impaction |
| Vertical |  |  |
| Mesioangular |  |  |
| Distoangular |  |  |
| Horizontal |  |  |
| Inverted |  |  |

**Knowledge about 3rd Molar Extraction According to surgical stages**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No** | **Stage** | **Question** | **Knowledge (% of Pts.)** |
| **1.** | Preoperative | 1. Can I drink /eat before the procedure?  2. How should I clean my teeth?  3.Should I take any medication?  4.Any other “Question” or “Misconception”? |  |
| **2.** | Intraoperative | 1.Is the anesthesia technique local or general ?  2.How much discomfort is expected during surgery?  How long is surgery?  3.Will all teeth be removed at once?  4.Is it necessary to cut the gum?  5.Is it necessary to suture?  6.Any other “Question” or “Misconception”? |  |
| **3.** | Postoperative | 1.How much discomfort is expected after surgery?  2.How long is my postoperative recovery?  3.What should I drink/eat after surgery?  4What type of hygiene should I perform?  5.When do I return for a postoperative visit?  6.Any other “Question” or “Misconception”? |  |

**Patient Signature**