

1. How long do waterlines need to be run at the beginning of the day? _____.
2. Water bottles should be filled every morning no matter how empty they were left at the end of the previous day. True False (circle one)
3. The rheostat is the foot _____ the doctor uses to run the handpieces. The water switch needs to be turned towards the _____ dot which indicates that the water is turned on.
4. The purpose for “flushing” the waterlines is to run water through the hoses to remove the _____ (colonies of bacteria) from the waterlines.
5. Flushing the water lines is a _____ of California regulation.
6. The tablet Julie’s put in the water bottle is an anti-_____ agent that helps to reduce the amount of _____ in the waterlines.
7. The “operatory” is the _____ room and needs to be set up _____ we bring the patient back into the room.
8. The Dental Board of California (DBC) requires that the _____ stay in their packages until they are “ready for use”. In most offices, they wait to open the handpieces and instruments until the patient is _____ in the operatory.
9. We should use the patient’s _____ name when greeting them. And it is very important to _____ and be _____!
10. Make friendly _____ while bringing them back to the operatory.
11. The first thing you want to do when bringing a patient into the operatory is to direct them where to _____ their _____.
12. The dental _____ is the equipment that holds and powers the handpieces.
13. When working on the maxillary arch, the patient should be positioned in the _____ position. That means their _____ is lower than their _____.
14. Why do we need to be sure to bring the patient into an upright position slowly? _____

This is called “postural hypotension”.
15. We should use technical dental terminology when talking with the patient. True False (circle one)
16. Why is it important to be at eye-level with your patient when talking with them? _____

17. We need to review the health history form _____ time them come in even if it has only been a week.
18. When a patient needs a “pre-med” they may need one of two things: a drug that is a _____ or a drug that is _____. One is for the patient to be more relaxed/calm, the other is to prevent a bacterial _____.

19. The level of sedation depends on the _____ of drug used and the _____ of drug used.
20. "Laughing gas" is really called _____.
21. Topical anesthetic is just like _____ that is used on children who are teething.
22. Reasons for placing topical anesthetic include:
 - a. Alleviates _____ pain
 - b. Less painful _____
 - c. Prevents _____
 - d. Minor procedures
23. Who can anesthetize with local anesthetic in the state of California? _____ and _____
24. Why do we rinse and aspirate after an injection in the mouth? _____
25. When sitting in the "operator's" stool, the thigh should be _____ to the floor and the feet should be _____ on the ground.
26. The assistant should sit approximately _____ inches higher than the doctor.
27. The working zone for a right handed operator is between _____ o'clock and _____ o'clock.
28. The operator zone is between _____ and _____ o'clock. You NEVER want to pass anything over the patient's face – this is called the _____ zone.
29. The assistant's zone is between _____ and _____ o'clock.
30. A cuspidor is a _____ bowl. The saliva _____ is used to vacuum out _____. The HVE (which stands for _____ evacuator) and is used to remove fluid and _____.
31. The _____ is usually used during assisting with a restorative procedure while a _____ is most commonly used by a _____.
32. Various isolation devices include:
 - a. _____ rolls
 - b. _____
 - i. The purpose for placing a cotton roll or dry aid opposite the upper premolars is to cover over the _____ duct.
 - c. An _____ is just like Mr. Thirsty but also has a _____.
 - d. A _____ is what we call a poor-man's _____.
 - e. _____
33. The beveled side of the HVE should be towards _____ tissue – not _____ tissue.
34. The purpose of the hole in the HVE is to reduce the suction _____.

NEXT UP: OPERATORY EQUIPMENT AND ORAL EVACUATION