


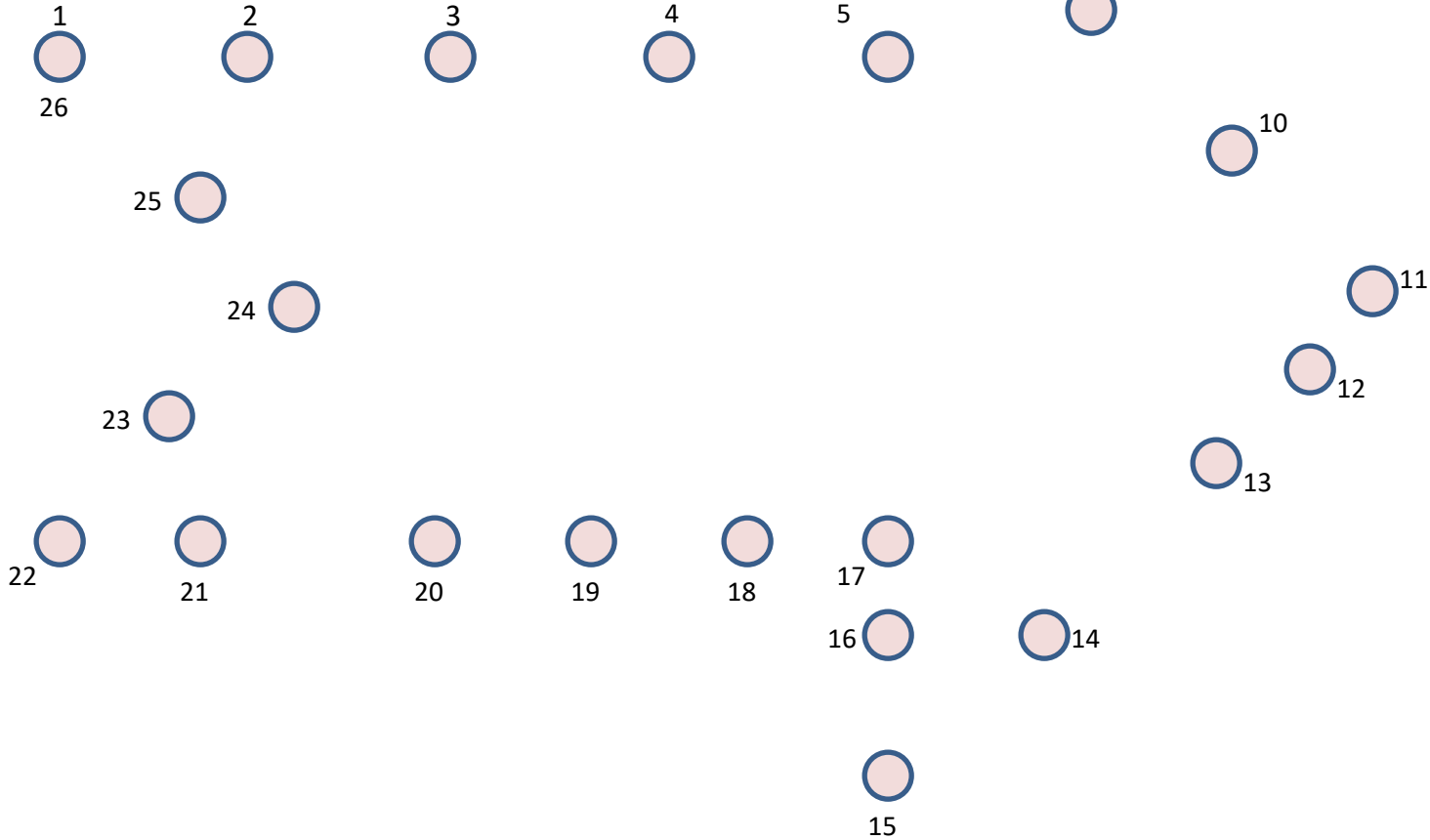
Post Sedation Recovery Test

Patient Name _____

Signature _____

Please place a dot in each circle and connect them to form 

Start



Assistant/Witness _____

Signature _____

Date _____