

Dentist's Anesthesia Supplemental

1) Is analgesia, sedation or anesthesia used on patients?

Yes No

a. Local only.

Yes No

b. Inhalation conscious sedation

Yes No

i Percentage of patients under 18: %

ii Drugs used: Nitrous Oxide Other

iii Is sedation done in an office, surgi-center or hospital?

iv Administered by: You Oral Surgeon Physician Anesthesiologist Dentist Anesthesiologist

CRNA RN/LPN Other:

c. Oral conscious sedation using drugs that are swallowed.

Yes No

i Percentage of patients under 18: %

ii List all drugs used:

iii Is sedation done in an office, surgi-center or hospital?

iv How long have you used conscious sedation in your office or surgical suite?

v Administered by: You Oral Surgeon Physician Anesthesiologist Dentist Anesthesiologist

CRNA RN/LPN Other:

d. Parental conscious sedation (minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by a pharmacological or non-pharmacological method, or combination thereof).

Yes No

If yes, answer the following:

i Percentage of patients under 18: %

ii List all drugs used:

iii Is sedation done in an office, surgi-center or hospital?

iv How long have you used parental conscious sedation in your office or surgical suite?

v Administered by: You Oral Surgeon Physician Anesthesiologist Dentist Anesthesiologist

CRNA Other:

e. Parental deep sedation (a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposely to verbal command, produce by pharmacological or non-pharmacological method, or a combination thereof). Yes No

If yes, answer the following:

i Percentage of patients under 18: %

ii List all drugs used:

iii Is sedation done in an office, surgi-center or hospital?

v How long have you done parental deep sedation in your office?

iv Administered by: You Oral Surgeon Physician Anesthesiologist Dentist Anesthesiologist

CRNA

Other:

f. General anesthesia (a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to verbal command, produced by a pharmacological or non-pharmacological method, or combination thereof). Yes No

i Percentage of patients under 18: %

ii List all drugs used:

iii Is sedation done in an office, surgi-center or hospital?

iv How long have you used conscious sedation in your office or surgical suite?

v Administered by: You Oral Surgeon Physician Anesthesiologist Dentist Anesthesiologist

CRNA

Other:

g. Are Harvard Standards for the administration of all anesthesia adhered to? Yes No

If No, Please explain.

2) a. Have you completed an ACLS course? Yes No

b. Do you hold an ACLS certificate? Yes No

If Yes, what is the expiration date?

If No, are you currently CPR Certified?

Yes No

c. Is any member of your operating staff currently CPR certified? Yes No

- 3) a. Have you completed an ADA-accredited general anesthesia program of one year or longer? Yes No
b. Did your oral surgery training include 6 or more months of training in general anesthesia? Yes No
c. Have you taken at least two years of anesthesia training following dental school for certification as an anesthesiologist? Yes No

- 4) Are vital signs of your patients under sedation or general anesthesia continuously monitored? Yes No
If Yes, by whom? You CRNA Dentist Anesthesiologist Other:

- 5) If you use any of the following methods to monitor patients, indicate by using S for sedation, G for general anesthesia or B for both.

Manual monitoring of blood pressure and heart rate.
 Precordial stethoscope.
 Electronic/automatic monitoring of blood pressure and heart rate.
 EKG monitor.
 Pulse oximeter
 Other (describe)

- 6) Which of the following items do you have available for emergency treatment? Check all that apply.

Oral airway Ambu bag Oxygen Emergency drugs Endotracheal tubes/scopes

- 7) Does the state you practice in require you to hold a current certificate/permit to administer general anesthesia or intravenous sedation? Yes No

If Yes, provide the following:

Certificate Number:

Date of Renewal:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of
Applicant or Authorized
Representative:

Current Date:

Title

If you prefer not to Return Application with an Electronic Signature, Please print and Sign Below:

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this electronically submitted application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this electronic application and this application will be made part of the policy. The applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.

Signature of Applicant or Authorized Representative

Current Date:

Title
