



Arizona State Board of Dental Examiners

“Caring for the Public’s Dental
Health and Professional Standards”

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ADVERSE OCCURRENCE REPORT

Pursuant to A.A.C. R4-11-1305, “If a death, or incident requiring emergency medical response, occurs in a dental office or dental clinic during the administration of or recovery from general anesthesia, deep sedation, moderate sedation, or minimal sedation, the permit holder and the treating dentist involved shall submit a complete report of the incident to the Board within 10 days after the occurrence.” Failure to do so may be considered an act of unprofessional conduct.

Please complete the entire report. If a response does not apply, please type NA or Attached.

Name of Treating Dentist

Name of Individual Administering Anesthesia/Sedation

Street Address of Adverse Occurrence

Phone

City

State

Zip Code

Email

Practice Name

Patient’s Name

Patient’s DOB

Patient’s Gender

Today’s Date

Date of Adverse Occurrence

Time of Adverse Occurrence

Patient’s medical history:

Please attach a copy of the medical history from the patient record here:

Describe the dental treatment/procedure at the time of the adverse occurrence.

Describe the duration of the dental treatment/procedure prior to the adverse occurrence.

Describe the type of sedation (general anesthesia, deep, moderate or minimal sedation), the anesthetic agents used, the amount, the type, the dosage, the method used (intravenous, inhalation, intraosseous infusion, etc.).

Describe the incident, as well as any interventions performed by dental and/or medical personnel in the facility.

Who else was present during the adverse occurrence and in what capacity?

Who notified emergency personnel?

Please attach additional information as necessary, including copies of progress notes, monitoring strips, etc. here:

Describe the duration of the adverse occurrence.

Was the patient advised that they should be escorted to a local hospital? If yes, who advised the patient, did the patient accept the advice and who escorted the patient to the local hospital?

Please provide the name of the local hospital and location.

Describe the condition of the patient when leaving the dental office.

Describe the follow up care and prognosis of the patient.

If applicable, describe the disposition of the patient when discharge from the hospital.

Please attach any additional records of the adverse occurrence that you would like the Board to review here:

Date