

## Arizona State Board of Dental Examiners

"Caring for the Public's Dental Health and Professional Standards"

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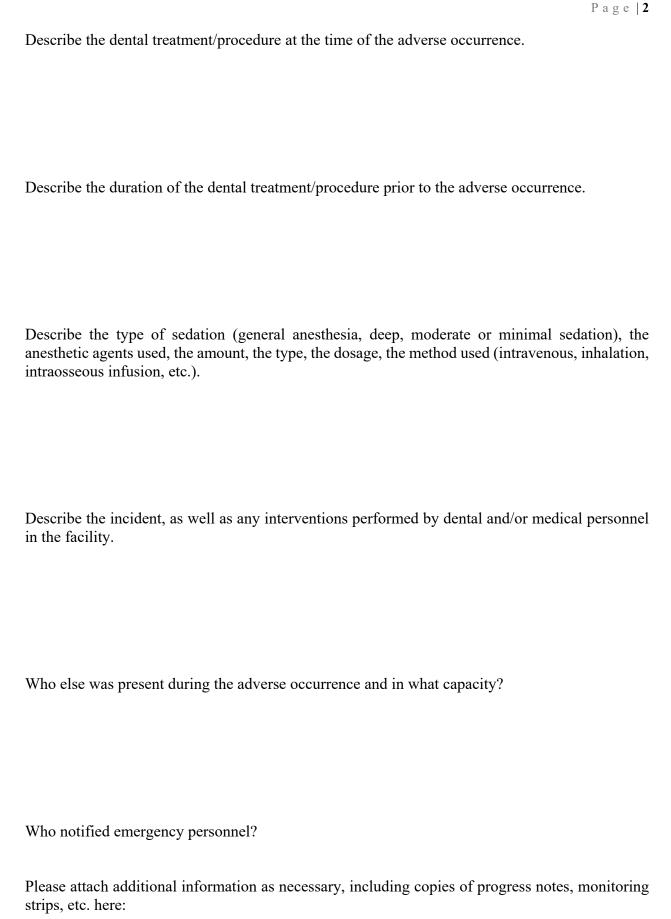
## ADVERSE OCCURRENCE REPORT

**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 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