



Arizona State Board of Dental Examiners
Adverse Occurrence Report Form

Note Arizona Administrative Code R4-11-1305 states: If a death, or incident causing a patient temporary or permanent physical or mental injury or requiring medical intervention, occurs in an outpatient facility as a direct result of the administration of general anesthesia, semi-conscious sedation, conscious sedation, or oral conscious 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.

This form may be downloaded as a MS Word document. Complete the report by typing in each field. The field will expand to accommodate your report.

Date of Report	
Date and time of incident	
Practice Name and Address	
Name of Treating Dentist	
Name and Signature of Individual Making Report	
Patient Name	
Age, Gender	
Patient's medical history (Include copy of medical history from patient record)	
Dental procedure at time of incident	
Duration of dental procedure prior to incident	
Drugs administered to patient pre-operatively, as well as drugs given immediately after incident. Include local, sedative and/or general anesthetic agents; amount, type and dosage.	

<p>Describe the incident, as well as any interventions performed by dental or medical personnel in the facility.</p> <p>Attach additional information as necessary, including copies of progress notes, monitoring strips, etc.</p>	
<p>Who else was present during the incident and in what capacity?</p>	
<p>Who notified police/EMT?</p>	
<p>Duration of incident</p>	
<p>Who escorted patient to hospital?</p>	
<p>Name of hospital & location</p>	
<p>Follow up care and prognosis</p>	
<p>Condition of patient upon leaving office</p>	
<p>Disposition at discharge from hospital</p>	