

DENTIST'S ANESTHESIA SUPPLEMENTAL APPLICATION

- 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: Office Surgi-center Hospital
- iv. Administered by: You Oral Surgeon Physician Anesthesiologist
- CRNA RN/LPN Dentist Anesthesiologist
- 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: Office Surgi-center Hospital
- iv. How long have you used conscious sedation in your office or surgical suite?
- v. Administered by: You Oral Surgeon Physician Anesthesiologist
- CRNA RN/LPN Dentist Anesthesiologist
- Other:
- d. Parenteral conscious sedation (minimally depressed level of consciousness that retains the patients 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: Office Surgi-center Hospital
- iv. How long have you used parental conscious sedation in your office or surgical suite?
- v. Administered by: You Oral Surgeon Physician Anesthesiologist
- CRNA RN/LPN Dentist Anesthesiologist
- Other:

- e. Parenteral deep sedation (a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including inability to respond purposely to verbal command, produced by pharmacological, or non-pharmacological method, or a combination thereof)? Yes No
- i. Percentage of patients under 18: %
- ii. List all drugs used:
- iii. Is sedation done in: Office Surgi-center Hospital
- iv. How long have you done parental deep sedation in your office or surgical suite?
- v. Administered by: You Oral Surgeon Physician Anesthesiologist
- CRNA RN/LPN Dentist Anesthesiologist
- 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 pharmacological or non-pharmacological method or combination thereof)? Yes No
- i. Percentage of patients under 18: %
- List all drugs used:
- iii. Is sedation done in: Office Surgi-center Hospital
- iv. How long have you used general anesthesia in your office or surgical suite?
- v. Administered by: You Oral Surgeon Physician Anesthesiologist
- CRNA RN/LPN Dentist Anesthesiologist
- Other:
- g. Are Harvard Standards for the administration of all anesthesia adhered to? Yes No
- If no, provide details:
- 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 = Sedation, G = General Anesthesia, B = 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:

- 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

Other:

- 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

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 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 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:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.