



Anesthesia Addendum

Complete this form **ONLY** if you have answered “Yes” to questions 2, 3, 4, or 5 in Section F of the **Dental Professional Liability Application**. Return this form as an attachment to the **Dental Professional Liability Application**.

In this questionnaire, “anesthesia” means any form of inhalation, intravenous or other intramuscular anesthesia or analgesia and/or any combination thereof. The following definitions of **conscious sedation** and **general anesthesia** are provided:

CONSCIOUS SEDATION – is a 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 pharmacologic or non-pharmacologic method, or a combination thereof. For purposes of this insurance application, the use of nitrous oxide solely as an analgesic is not considered conscious sedation.

GENERAL ANESTHESIA (to include deep sedation) – is a controlled state of depressed consciousness or unconsciousness, accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

A. Specify the type of anesthesia/analgesia used when treating patients under conscious sedation.

(When used in combination with other anesthetic or analgesic agents)

1. Inhalation: _____ Nitrous Oxide (when used in combination with other anesthetic or analgesic agents): _____ Other: _____
2. Intravenous: _____
3. Intramuscular (including submucosal): _____
4. Combination: _____
5. Where are conscious sedation procedures performed?
 Office Only Hospital Only Both Office & Hospital

B. Specify the type of anesthesia/analgesia used when treating patients under general anesthesia.

(When used in combination with other anesthetic or analgesic agents)

1. Inhalation: _____ Nitrous Oxide (when used in combination with other anesthetic or analgesic agents): _____ Other: _____
2. Intravenous: _____
3. Intramuscular (including submucosal): _____
4. Combination: _____
5. Where are conscious sedation procedures performed?
 Office Only Hospital Only Both Office & Hospital

C. How many years have you used conscious sedation or general anesthesia in your office? _____

D. In your office, how many times per week (on average) do you use conscious sedation or general anesthesia? _____

E. Please specify the type of major and minor surgical procedures performed while treating patients under conscious sedation or general anesthesia.

Major Surgical
Procedures:

Minor Surgical
Procedures:

F. Please indicate if you have had the following training and if so, the date and period of time spent in training:

1. Hospital training in the use of general anesthesia? _____
2. University training in the use of general anesthesia? _____
3. Hospital training in the use of general sedation? _____
4. University training in the use of conscious sedation? _____
5. Other types of training (i.e., Continuing Education programs):

G. I am certified by, or am a member of, the following organizations that require training in general anesthesia:

AAOMS ABOS Fellow, ADSA Member, ADSA

Other (specify): _____

H. I am equipped and trained to use the following emergency procedures:

Positive Pressure Endotracheal Respiratory Assistance

Intravenous Emergency Medications

External Cardiac Massage

Other (specify): _____

I. What type of emergency equipment do you have in your office?