



FORM C (SUPPLEMENT TO APPLICATION): SUPPLEMENTAL QUESTIONNAIRE FOR DENTAL RELATED FIELDS

- 1. In the last 5 years, have you administered general anesthesia? Yes No
If YES, where is the anesthesia administered? Office Hospital Surgical Center Other _____
- 2. In the last 5 years, have you administered intravenous or intramuscular sedation? Yes No
If YES, please list the drugs you utilize for this purpose. _____
- 3. Do you ever or have you ever rendered the patient unconscious? Yes No
If YES, provide names of anesthetics used and quantities in which they are usually administered:

- 4. In the last 5 years, have you supervised CRNAs? Yes No
If YES, where do you supervise the CRNAs? Office Hospital Surgical Center Other _____
- 5. Did/do(es) the CRNA/CRNAs carry separate liability insurance? Yes No
If YES, please provide a photocopy of the insurance policy or certificate.
- 6. In the last 5 years, have you performed dentistry on patients who have been administered general anesthesia? Yes No
- 7. In the last 5 years, have you used nitrous oxide or any other anesthetic as an "analgesic" where patients are not rendered unconscious? Yes No
If YES, provide names of anesthetics used: _____
- 8. Are you fully trained in CPR? Yes No
If YES, when were you certified? ____/____/____ Recertified? ____/____/____
- 9. Have you received any training in intubation? Yes No
- 10. In the last 5 years, have you employed a Dental Hygienist? Yes No
If YES, does/did the Dental Hygienist provide his/her own liability insurance? Yes No
- 11. In the last 5 years, have you directly supervised the Dental Hygienist? Yes No
- 12. In the last 5 years, have you performed any reconstructive surgery? Yes No
If YES, explain in detail:

Signature _____ Date ____/____/____