



Arizona State Board of Dental Examiners
Adverse Occurrence Report Form

Note Arizona Administrative Code R4-11-1304 requires that a licensee submit a complete Adverse Occurrence Report within ten days, of any death or incident causing a patient temporary or permanent physical or mental injury occurring in a dental outpatient facility that is a direct result of the administration of general anesthesia, semi-conscious sedation, or oral conscious sedation.

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>	