BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR **DENTAL BOARD OF CALIFORNIA**2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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DOCUMENTATION OF <u>ADULT</u> ORAL CONSCIOUS SEDATION CASES

An applicant for an Oral Conscious Sedation Certificate may document ten cases or oral conscious sedation of patients 13 years or older performed by the applicant in any three-year period ending no later than December 31, 2005. To document, complete this form summarizing the ten cases, and attach legible copies of records of pre-operative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge. Redact all personal information on the records, and number them as cases 1-10. Submit these documents with the application (Form OCS-3 Rev 03/07). (Print or Type)

Name of Applicant		Dental License	
CASE 1 -			
Patient Sex Patient Age Type of Procedure Performed Briefly describe the method, amount, and specific or	Patient Weight al conscious agent administ	Date of Procedure _ Duration of Sedationered.	
How was the patient monitored and by whom?			
Patients condition at discharge			
CASE 2 -			
Patient Sex Patient Age Type of Procedure Performed Briefly describe the method, amount, and specific or	Patient Weight al conscious agent administ	Date of Procedure Duration of Sedation ered.	
How was the patient monitored and by whom?			
Patients condition at discharge			
CASE 3 -			
Patient Sex Patient Age Type of Procedure Performed Briefly describe the method, amount, and specific or	Patient Weight al conscious agent administ	Date of Procedure Duration of Sedation ered.	
How was the patient monitored and by whom?			
Patients condition at discharge			

Attach legible copies of required records to completed form –

CASE 4 -

Patient Sex Patient Age	Patient Weight	Date of Procedure			
Type of Procedure Performed Briefly describe the method, amount, and specific ora	al conscious agent admi	Duration of Sedation			
briefly describe the method, amount, and specific ora	ai conscious agent aumi	nistered.			
How was the patient monitored and by whom?					
now was the patient monitored and by whom:					
Patients condition at discharge					
CASE 5 -					
Patient Sex Patient Age	Patient Weight	Date of Procedure			
Type of Procedure Performed Briefly describe the method, amount, and specific ora	al conscious agent admi	Duration of Sedation			
briefly describe the method, amount, and specific ora	ai conscious agent aumi	nistereu.			
How was the nationt monitored and by whom?					
How was the patient monitored and by whom?					
Patients condition at discharge					
CASE 6					
CASE 6 -					
Patient Sex Patient Age	Patient Weight	Date of Procedure			
Type of Procedure Performed		Duration of Sedation			
Briefly describe the method, amount, and specific oral conscious agent administered.					
How was the patient monitored and by whom?					
Patients condition at discharge					
- utionto condition at disoritarge					
CASE 7 -					
Patient Sex Patient Age	Patient Weight	Date of Procedure			
Type of Procedure Performed	r attent weight	Duration of Sedation			
Briefly describe the method, amount, and specific ora	al conscious agent admi	nistered.			
How was the patient monitored and by whom?					
-					
Patients condition at discharge					

Attach legible copies of required records to completed form -

CASE 8 -	
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Patient Sex Patient Age Type of Procedure Performed	Patient Weight	Date of Procedure Duration of Sedation		
Briefly describe the method, amount, and specific	oral conscious agent adm			
How was the patient monitored and by whom?				
Patients condition at discharge				
CASE 9 -				
Patient Sex Patient Age Type of Procedure Performed	Patient Weight	Date of Procedure Duration of Sedation		
Briefly describe the method, amount, and specific	oral conscious agent adm			
How was the patient monitored and by whom?				
Patients condition at discharge				
CASE 10 -				
Patient Sex Patient Age Type of Procedure Performed	Patient Weight	Date of Procedure Duration of Sedation		
Briefly describe the method, amount, and specific	oral conscious agent adm			
How was the patient monitored and by whom?				
Patients condition at discharge				
- Attach legible copies of required records to completed form –				
- Attacii iegibie	Copies of required	records to completed form –		
Certification- I certify under the penalty of perjury under the laws of the State of California that the information provided in and attached to this form is true and accurate.				
Signature of Applicant		Date		