

For purposes of this questionnaire, the following apply:

- **Anesthesia:** means any form of inhalation, intravenous, oral or intramuscular anesthesia or analgesia and/or combination thereof.
- **General Anesthesia:** means the elimination of all sensations, accompanied by a state of unconsciousness.
- **Conscious Sedation:** means the calming of the nervous, apprehensive individual by use of systemic drugs, without inducing loss of consciousness.

**Please complete the following if you treat patients who are under general anesthesia (deep sedation) or under conscious sedation:**

1. Type of anesthesia/analgesic used for treating patients under General Anesthesia (Please specify when used in combination with other anesthetic or analgesic agents):

- a.  Inhalation: \_\_\_\_\_  
 Nitrous Oxide (if used in combination with other drugs): \_\_\_\_\_  
 Other: \_\_\_\_\_
- b.  Intravenous: \_\_\_\_\_
- c.  Intramuscular (including sub mucosal): \_\_\_\_\_
- d.  Oral: \_\_\_\_\_
- e.  Combination: \_\_\_\_\_

2. Location where General Anesthesia procedures performed:

- Dental Office: \_\_\_\_\_%       Hospital: \_\_\_\_\_%       Surgery Center \_\_\_\_\_%

3. Please list who administers general anesthesia to your patients and include his/her qualifications (DDS, Dental Anesthesiologist, Nurse Anesthetist): \_\_\_\_\_

Please provide proof of insurance, including limits of liability equal to your limits or with limits acceptable to PSIC.

4. Type of anesthesia/analgesic used for treating patients under Conscious Sedation (Please specify when used in combination with other anesthetic or analgesic agents):

- a.  Inhalation: \_\_\_\_\_  
 Nitrous Oxide (if used in combination with other drugs): \_\_\_\_\_  
 Other: \_\_\_\_\_
- b.  Intravenous: \_\_\_\_\_
- c.  Intramuscular (including sub mucosal): \_\_\_\_\_
- d.  Oral: \_\_\_\_\_
- e.  Combination: \_\_\_\_\_

5. Location where Conscious Sedation Dental procedures performed:

- Dental Office: \_\_\_\_\_%       Hospital: \_\_\_\_\_%       Surgery Center \_\_\_\_\_%

Number of Procedure per month: \_\_\_\_\_

6. Please indicate the number of years you have been using Conscious Sedation and/or General Anesthesia *in your office*:

Conscious Sedation: \_\_\_\_\_      General Anesthesia: \_\_\_\_\_