

South Carolina Department of Labor, Licensing and Regulation South Carolina Board of Dentistry

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ADVERSE OCCURRENCE REPORT

Pursuant to S.C. Reg. 39-17(G), "[a] licensed dentist must submit a written report within thirty (30) days to the Board regarding any known mortality or serious, unusual incident which occurs in a dental facility or during the twenty-four (24) hour period after the patient leaves the facility, if the incident produces significant temporary or permanent physical or mental injury of the patient as a direct result of the administration of the general anesthesia or sedation." Failure to do so may be considered an act of unprofessional conduct. Please complete the entire report.

Report may be emailed to <u>Contact.Dentistry@llr.sc.gov</u> or mailed to the address above.

Practice Name:		
Street Address:		
Street address of treatment facility at the time of occurrence City	State	Zip Code
Practice Email:	Phone:	
Name of Treating Dentist:	_ License No.:	
Name of Individual Administering Anesthesia/Sedation:		
License Type and Number:	_	
Date of Treatment:	_	
Date and Time of Adverse Occurrence:		
Patient Name:	Age of Patient:	

Describe the dental treatment/procedure at the time of the adverse occurrence.

Identify the type of sedation (general anesthesia, deep, moderate, or minimal sedation), the anesthetic agents used, the amount, the type, the dosage, the method used (intravenous, inhalation, intraosseous infusion, etc.).

Describe the incident that occurred while the patient was under sedation.

Describe the condition of the patient when leaving the dental office.

Name of Person Completing Report:

Dentist Signature:

Date report submitted: _____