IDAHO STATE BOARD OF DENTISTRY PO Box 83720 Boise, ID 83720-0021 SEDATION PERMIT SITE EVALUATION FORM

NAME OF SEDATION PROVIDER BEING	EVALUATED (PLEASE PRINT):	
PRIMARY SEDATION PRACTICE ADDRE	SS (PLEASE PRINT):	
IS SEDATION DECULADI V ADMINISTED	ED AT ADDITIONAL LOCATIONS (PLEASE PRIN	T \.
IS SEDATION REGULARLY ADMINISTER		
	YES	NO
ADDRESS(ES) OF ADDITIONAL OFFICE(S) WHERE SEDATION IS REGULARLY ADMINIST	FRED (PI FASE PRINT).
ADDRESS(ES) OF ADDITIONAL OFFICE()) WHERE SEDATION IS RECOLARE I ADMINIST	ERED (I DEAGE I RINI).
ARE ALL REGULAR LOCATIONS REGIST	TERED WITH THE DEA:	
le la construcción de la	YES	NO
☐ MODERATE ENTERAL PERMIT	MODERATE PARENTERAL PERMIT	GENERAL ANESTHESIA/DEEP SEDATION PERMIT
DATE:		
///	□ NEW PRACTICE LOCATION	SATELLITE OFFICE
EVALUATOR (PLEASE PRINT):		
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EVALUATOR SIGNATURE:		A HE A R
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FACILITY, EQUIPMENT, AND DRUG REQUIREMENTS				
An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two (two) individuals to freely move about the patients?		NO		
An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support?		NO		
A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure?		NO		
Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure?		NO		
An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system?		NO		
A recovery area that has available oxygen, adequate lighting, suction and electrical outlets? (The recovery area can be the operating room)		NO		
A sphygmomanometer, pulse oximeter, oral and nasopharyngeal airways, supraglottic airway devices, and automated external defibrillator (AED)?		NO		
Emergency drugs including, but not limited to, pharmacologic antagonists appropriate to the drugs used, bronchodilators, and antihistamines?		NO		
FOR MODERATE PARENTERAL ONLY – Precordial/pretracheal stethoscope or end- tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants?		NO		
FOR GENERAL ANESTHESIA/DEEP SEDATION ONLY – Precordial/pretracheal stethoscope, end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants?		NO		