



## DOCUMENTATION OF ADULT 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	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 \_\_\_\_\_

CASE 2 -

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 \_\_\_\_\_

CASE 3 -

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 \_\_\_\_\_

- **Attach legible copies of required records to completed form** -

CASE 4 -

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 \_\_\_\_\_

CASE 5 -

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 \_\_\_\_\_

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 \_\_\_\_\_

CASE 7 -

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 \_\_\_\_\_

- **Attach legible copies of required records to completed form –**

CASE 8 -

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 \_\_\_\_\_

CASE 9 -

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 \_\_\_\_\_

CASE 10 -

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 \_\_\_\_\_

- **Attach legible 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**