STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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Courtesy Form for Reporting Dental Patient Death or Hospitalization

Business and Professions Code section 1680(z)(2)

PART 1 – REQUIREMENTS

Per Business and Professions Code (BPC) section 1680(z)(1), a licensee is required to report within seven days to the Dental Board of California (Board) any of the following:

(1) The death of the licensee's patient during the performance of any dental or dental hygiene procedure.
(2) The discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by the licensee.
(3) Except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment.
Note: With the exception of patients to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, removal to a hospital or emergency center that is the normal or expected treatment for the underlying dental condition is not required to be reported.

Failure to submit a report to the Board of any of the above listed events is unprofessional conduct that may result in license discipline. (BPC, § 1680(z)(1).)

A dentist shall report to the Board all deaths occurring in the licensee's practice with a copy sent to the Dental Hygiene Board of California if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. (BPC, § 1680(z)(1).)

A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the Dental Hygiene Board of California all deaths occurring as the result of dental hygiene treatment, and a copy of the notification shall be sent to the Board. (BPC, § 1680(z)(1).)

PART 2 – TYPE OF REPORT

Indicate the type of event you are reporting: ☐ Hospitalization ☐ Death

PART 3 – LICENSEE NAME, CONTACT, AND LICENSING INFORMATION

1. Last Name	First Name	Middle Name
2. Mailing Address [Address of Record]:		
3. Incident Location (If different from Mailing Address):		
4. Email Address:		
5. Telephone Number: Home:	Office:	Cell:
6. Dental or Medical License Number:		

(Rev. 01/22)

7. Anesthesia or Sedation Permit Type and Number:	
PART 4 – PATIENT INFORMATION	
8. Patient Name:	
9. Emergency Contact/Parent Guardian Name:	
10. Emergency Contact/Parent Guardian Address:	
11. Emergency Contact/Parent Guardian Phone Number:	
12. Date of Procedure:	13. Date of Incident (if different):
14. Date Dentist Learned of Incident:	15. Patient's Age (Year(s)/Month(s)):
16. Patient's Weight:	17. Patient's Sex:
18. Patient's American Society of Anesthesiologist (ASA) Physical Status:	
19. Patient's Primary Diagnosis:	
20. Patient's Coexisting Diagnoses:	
21. Procedures Performed on Patient:	
22. Anesthesia/Sedation Setting:	
23. Medications Used:	
24. Monitoring Equipment Used:	

25. Category of the provider responsible for anesthesia/sedation oversight:

☐ General Dentist ☐ Pediatric Dentist ☐ Oral Surgeon

☐ Dentist Anesthesiologist ☐ Physician Anesthesiologist ☐ Dental Assistant

☐ Registered Dental Assistant ☐ Dental Sedation Assistant ☐ Registered Nurse

☐ Certified Registered Nurse Anesthetist ☐ Other

26. Category of the provider delivering anesthesia/sedation:

☐ General Dentist ☐ Pediatric Dentist ☐ Oral Surgeon

☐ Dentist Anesthesiologist ☐ Physician Anesthesiologist ☐ Dental Assistant

☐ Registered Dental Assistant ☐ Dental Sedation Assistant ☐ Registered Nurse

☐ Certified Registered Nurse Anesthetist ☐ Other

27. Category of the provider monitoring patient during anesthesia/sedation:

☐ General Dentist ☐ Pediatric Dentist ☐ Oral Surgeon

☐ Dentist Anesthesiologist ☐ Physician Anesthesiologist ☐ Dental Assistant

☐ Registered Dental Assistant ☐ Dental Sedation Assistant ☐ Registered Nurse

☐ Certified Registered Nurse Anesthetist ☐ Other

28. Did the person supervising the anesthesia/sedation perform one or more of the procedures? If so, describe those procedures:

29. Describe the planned airway management:

30. Describe the planned depth of anesthesia/sedation:

31. Describe the complications that occurred:

32. Describe what was unexpected about the airway management:

33. Was there transportation of the patient during anesthesia/sedation?

34. Category of the provider conducting resuscitation measures:

☐ General Dentist ☐ Pediatric Dentist ☐ Oral Surgeon

☐ Dentist Anesthesiologist ☐ Physician Anesthesiologist ☐ Dental Assistant

☐ Registered Dental Assistant ☐ Dental Sedation Assistant ☐ Registered Nurse

☐ Certified Registered Nurse Anesthetist ☐ Other

35. Resuscitation equipment utilized:

PART 5 – Licensee Narrative of Event

*Please print or write legibly. Additional sheets may be attached as necessary.

This information is not an admission of guilt, but is for educational, data, or investigative purposes. (BPC, §1680(z)(4).)

Licensee Signature ______________________ Date ______________