

SEDATION PERMIT RENEWAL ATTACHMENT
FOR BIENNIUM PERIOD SEPTEMBER 1, 2016, TO AUGUST 31, 2018

IOWA DENTAL BOARD

400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
Ph. (515) 242-6369 <http://www.dentalboard.iowa.gov>

Complete this form and return with your application for renewal if applicable. Attach an additional sheet if necessary.

Name: _____ Permit Number: _____

Principal Office:

Practice/Facility Name _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

Fax Number _____

Average Number of Hours Worked Here Per Week _____

Does this facility maintain the following equipment?

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Suction | <input type="checkbox"/> Yes <input type="checkbox"/> No –Blood Pressure Monitoring Device |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Positive-Pressure Oxygen | <input type="checkbox"/> Yes <input type="checkbox"/> No –Pulse Oximeter |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Endotracheal Tubes | <input type="checkbox"/> Yes <input type="checkbox"/> No –Emergency Drugs, <i>which are not expired</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –EKG Monitor | <input type="checkbox"/> Yes <input type="checkbox"/> No –Defibrillator |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Laryngoscope and Blades | <input type="checkbox"/> Yes <input type="checkbox"/> No –Capnography Machine, or
pretracheal/precordial stethoscope* (*MS permit holders
only) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Magill Forceps | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Oral Airways | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Stethoscope | |

Additional Office(s):

Practice/Facility Name _____

Street Address _____

City, State, Zip Code _____ Telephone Number _____

Average Hours Worked Here Per Week _____ Fax Number _____

Does this facility maintain the following equipment?

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Suction | <input type="checkbox"/> Yes <input type="checkbox"/> No –Blood Pressure Monitoring Device |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Positive-Pressure Oxygen | <input type="checkbox"/> Yes <input type="checkbox"/> No –Pulse Oximeter |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Endotracheal Tubes | <input type="checkbox"/> Yes <input type="checkbox"/> No –Emergency Drugs, <i>which are not expired</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –EKG Monitor | <input type="checkbox"/> Yes <input type="checkbox"/> No –Defibrillator |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Laryngoscope and Blades | <input type="checkbox"/> Yes <input type="checkbox"/> No –Capnography Machine, or
pretracheal/precordial stethoscope* (*MS permit holders
only) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Magill Forceps | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Oral Airways | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No –Stethoscope | |

