



The Professional Protector Plan®

DENTAL ANESTHESIOLOGIST SUPPLEMENTAL APPLICATION



1. Name of Insured _____ Policy Number _____
2. What type of anesthesia do you perform? Local including nitrous oxide _____%
Conscious _____% General _____%
3. Is your practice limited to anesthesia administered to patient's undergoing dental procedures?
Yes _____ No _____ If No, please explain: _____

4. Do you take a medical history of the patient before the procedure is performed?
Yes _____ No _____
5. Where are the procedures performed? Please describe: _____

6. Average number of procedures in which you administer the anesthesia in a month:
_____ Conscious _____ General _____ Other _____ Please explain:

7. Do you remain present during the entire time a procedure is being performed?
Yes _____ No _____
8. What type of follow-up procedure do you use? Please explain: _____

9. How many years have you been practicing as a dental anesthesiologist? _____
10. Does your state require you to have a permit or certificate in order to perform anesthesia?
Yes _____ No _____ If Yes, current permit number: _____
Does your permit limit your use of anesthesia to conscious sedation? Yes _____ No _____
11. Are you board certified or eligible? Yes _____ No _____ If Yes, which one? _____
Specialty _____
12. Have you completed a fellowship? Yes _____ No _____ Explain: _____

13. Please list all professional designations: _____

14. Are you CPR certified? Yes _____ No _____

15. Do you have an emergency plan? Yes _____ No _____ Please explain: _____

16. What type of emergency equipment do you have on hand? Please describe:

17. Do you use a pretracheal stethoscope in your practice? Yes _____ No _____
Does it have a blood pressure cuff? Yes _____ No _____

18. Do you use an End Tidal CO² in your practice? Yes _____ No _____

19. Do you use a pulse oximeter in your practice? Yes _____ No _____ If Yes, does it have
an alarm system? Yes _____ No _____

20. Do you use an EKG in your practice? Yes _____ No _____

21. What backup monitors do you use in your practice? Please describe: _____

22. A. How many patients would you handle in an average day? _____

B. How many locations would this involve? _____

Signature

Date