



AFFIDAVIT OF WRITTEN PROTOCOLS FOR SEDATION OF DENTAL PATIENTS

I, the below named dentist-in-charge of a dental office where enteral, parenteral, or Pediatric moderate sedation will be administered, being duly sworn, hereby affirm under penalties of perjury that I am applying for an enteral, parenteral, or Pediatric moderate sedation site certificate in the State of Missouri and as part of the application process, I am required to submit this affidavit attesting that the dental office where enteral, parenteral, or Pediatric moderate sedation will be administered has written protocols for sedation of dental patients that includes but is not limited to the following:

- A. Preoperative patient evaluation and selection prior to conscious sedation;
- B. Informed consent procedures;
- C. Sedation monitoring procedures;
- D. Maintaining appropriate records during sedation procedures;
- E. Patient discharge assessment; and
- F. Responding to emergencies incident to the administration of enteral, parenteral, or Pediatric moderate sedation.

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I understand the dental office shall undergo a facility inspection as set forth in 20 CSR 2110-4.030 to confirm the adequacy of the sedation team.

NAME OF DENTAL OFFICE (PLEASE PRINT)

SIGNATURE OF DENTIST-IN-CHARGE

DATE

NOTARY PUBLIC EMBOSSEER OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

PLEASE NOTE: The facility inspection will include verification that these written protocols exist.