

2008 FORM A

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(Please submit to the Nevada State Board of Medical Examiners, P.O. Box 7238, Reno, Nevada 89510, no later than 2 February 2009. Include any applicable Sentinel Event Forms).

THIS REPORT IS CONFIDENTIAL AND NOT SUBJECT TO SUBPOENA OR DISCOVERY, AND NOT SUBJECT TO INSPECTION BY THE GENERAL PUBLIC.

FOR THE CALENDAR YEAR FROM 1 JANUARY 2008 TO 31 DECEMBER 2008, I PERFORMED SURGERIES/PROCEDURES REQUIRING CONSCIOUS SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA AS LISTED AND DESCRIBED BELOW:

(These surgeries/procedures were performed in my Nevada office, or in facilities other than those listed on page three of the instructions and on Form B.) Use a blank sheet of paper if additional space is required.

1. Conscious Sedation

Print name of surgery or procedure:

Exact Number (how many)

2 Deep Sedation

Print name of surgery or procedure:

Exact Number (how many)

3. General Anesthesia

Print name of surgery or procedure:

Exact Number (how many)

REPORT ANY SENTINEL EVENT ON THE SENTINEL EVENT FORM AND ATTACH TO THIS FORM A.

REMEMBER TO SIGN BELOW, AND TO SIGN EACH SENTINEL EVENT REPORT FORM, IF APPLICABLE.

Print Name: _____

License Number: _____

Office Address: _____

Doctor's Signature: _____

Date: _____