

2015/2016 FORM A

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FROM JANUARY 1, 2015 TO DECEMBER 31, 2016, 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). Use additional sheets of paper if more space is required.

1. Conscious Sedation

Print name of surgery or procedure:

How many:

2. Deep Sedation

Print name of surgery or procedure:

How many:

3. General Anesthesia

Print name of surgery or procedure:

How many:

4. Sentinel Event

Print name of surgery or procedure:

Date of sentinel event:

Print Name:

License Number:

Office Address:

Doctor's Signature: _____ **Date:** _____

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

Please submit to the Nevada State Board of Medical Examiners **prior** to applying for renewal of your medical license:

- By mail to: 1105 Terminal Way, Suite 301, Reno, NV 89502
- By fax to: 775-688-2553
- By email to: surgeryreport@medboard.nv.gov
- By hand delivery: 1105 Terminal Way, Suite 301, Reno, NV 89502