

2015/2016 FORM B

(Negative reporting is **required**.)*

FROM JANUARY 1, 2015 TO DECEMBER 31, 2016, I DID NOT PERFORM ANY SURGERIES REQUIRING CONSCIOUS SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA, IN MY OFFICE, OR IN ANY OFFICE OR FACILITY OTHER THAN:*

1. A surgical center for ambulatory patients;
2. An obstetric center;
3. An independent center for emergency medical care;
4. An agency to provide nursing in the home;
5. A facility for intermediate care;
6. A facility for skilled nursing;
7. A facility for hospice care;
8. A hospital;
9. A psychiatric hospital;
10. A facility for the treatment of irreversible renal disease;
11. A rural clinic;
12. A nursing pool;
13. A facility for modified medical detoxification;
14. A facility for refractive surgery;
15. A mobile unit; and
16. A community triage center.

Print Name: _____

License Number: _____

Office Address: _____

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

***Failure to submit a report or knowingly filing false information in a report is grounds for disciplinary action, pursuant to NRS 630.30665.**

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