

2019/2020 IN-OFFICE SURGERY/ PROCEDURE REPORT FORM

*** Negative reporting is no longer required. ***

FROM JANUARY 1, 2019, TO DECEMBER 31, 2020, 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:

Print Name: _____

License Number: _____

Office Address: _____

Licensee'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: 9600 Gateway Drive, Reno, NV 89521
By fax to: 775-688-2553
By email to: surgeryreport@medboard.nv.gov