



Nevada State Board of
Medical Examiners

Main Office:
9600 Gateway Drive
Reno, NV 89521
Phone: 775-688-2559
Fax: 775-688-2553
www.medboard.nv.gov

**REPORT OF IN-OFFICE SURGERIES OR PROCEDURES REQUIRING CONSCIOUS SEDATION,
DEEP SEDATION OR GENERAL ANESTHESIA**

Required by Nevada Revised Statute (NRS) 630.30665

(see page 2 for specific information)

NEGATIVE REPORTING IS NO LONGER REQUIRED

This is a fillable form. Use the Tab key to advance. Please complete, print and sign prior to submission.

LICENSEE INFORMATION:

Name _____	Telephone _____
Address _____	Email _____
_____	License Number _____

FROM JANUARY 1, 2021, TO DECEMBER 31, 2022, I PERFORMED SURGERIES OR PROCEDURES REQUIRING ONE OR MORE OF THE FOLLOWING that were performed in my Nevada office or in facilities other than those listed in [NRS 449.0151](#). (Click hyperlink to view.)

(Please fill in the applicable information. Use more than one form if necessary.)

1. CONSCIOUS SEDATION

List the name of the surgery or procedure:

Number performed (how many):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. DEEP SEDATION

List the name of the surgery or procedure:

Number performed (how many):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. GENERAL ANESTHESIA

List the name of the surgery or procedure:

Number performed (how many):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REPORT OF IN-OFFICE SURGERIES OR PROCEDURES – Continued

[NRS 630.30665](#) states:

1. The Board shall require each holder of a license to practice medicine to submit to the Board, on a form provided by the Board, a report stating the number and type of surgeries requiring conscious sedation, deep sedation or general anesthesia performed by the holder of the license at his or her office or any other facility, excluding any surgical care performed:

- (a) At a medical facility as that term is defined in [NRS 449.0151](#); or
- (b) Outside of this State.

7. As used in this section:

- (a) "Conscious sedation" has the meaning ascribed to it in [NRS 449.436](#).
- (b) "Deep sedation" has the meaning ascribed to it in [NRS 449.437](#).
- (c) "General anesthesia" has the meaning ascribed to it in [NRS 449.438](#).

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

I certify under penalty of perjury under the laws of the State of Nevada that to the best of my knowledge the information provided within this report and any attachments is true and correct.

Signature of Licensee (required)

Date

Please submit this form by one of the following methods **PRIOR** to applying for renewal of your medical license.

Email: medboardreporting@medboard.nv.gov

Mail: Nevada State Board of Medical Examiners
Attn: Reporting
9600 Gateway Drive
Reno, NV 89521

Fax: 775-688-2553