



NEWFOUNDLAND & LABRADOR DENTAL BOARD

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REGISTRATION FORM FOR SEDATION AND GENERAL ANAESTHESIA FACILITY PERMIT

NAME / DENTAL FACILITY ADDRESS

NAME:

Address _____

Telephone # _____

Email: _____

TYPES OF SEDATION AND/OR GENERAL ANAESTHESIA TO BE ADMINISTERED

- | | | |
|---|------------------------------|-----------------------------|
| (i) Oral Moderate Sedation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Parenteral Conscious Sedation (intravenous, intramuscular, subcutaneous, submucosal, or intra-nasal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Deep Sedation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) General Anaesthesia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature: _____

Date: _____