

# National Casualty Company

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## ANESTHESIA SUPPLEMENT

**Completion of this form is required for all Dentists, except oral surgeons, who perform dental procedures on patients who have been administered I.V. conscious sedation, I.M. conscious sedation or general anesthesia.**

Please read carefully, sign, date and attach this supplement to your application for Dentists Professional Liability insurance.

1. Do you ever act simultaneously as surgeon and anesthetist? .....  Yes  No  
If "Yes", who monitors the patient during surgery? \_\_\_\_\_
2. Which of the following monitoring methods do you use?  
Please indicate:  
(S)—Sedation; (G)—General Anesthesia; or (B)—Both Modalities for the following:  
 Manual monitoring of blood pressure and heart rate: ..... \_\_\_\_\_  
 Precordial stethoscope..... \_\_\_\_\_  
 Electronic/automatic monitoring of blood pressure and heart rate ..... \_\_\_\_\_  
 EKG monitor..... \_\_\_\_\_  
 Pulse oximeter ..... \_\_\_\_\_  
 Other (describe): \_\_\_\_\_
3. Do you keep a printed record of vital signs produced? .....  Yes  No  
If "Yes", is the printed record maintained in the patient file? .....  Yes  No  
If "No", describe your procedure: \_\_\_\_\_
4. Do you or your practice have a state permit/license for General Anesthesia? .....  Yes  No  
If "Yes", please **attach** copies of the permits/licenses.
5. If you are a dentist administering in your office, what emergency equipment do you have? \_\_\_\_\_  
\_\_\_\_\_
6. Please indicate the number of years you have been using:  
Conscious Sedation: \_\_\_\_\_ and/or  
General Anesthesia: \_\_\_\_\_ in your office.
7. Do you require certificates of insurance from persons administering anesthesia? .....  Yes  No
8. Please indicate your training and the date and period of time spent in training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Please indicate details on training for any staff member who administers or monitors anesthesia: \_\_\_\_\_  
\_\_\_\_\_

I understand that if a Dentists Professional Liability policy is issued, that policy does not cover my administration of I.V. conscious sedation, I.M. conscious sedation or general anesthesia, unless otherwise specified.

Except as otherwise specified, the policy covers dental procedures using I.V. conscious sedation, I.M. conscious sedation or general anesthesia **only if the administration of these anesthetic modalities is performed by licensed providers OTHER THAN you or any of your employees.**

Except as otherwise specified, in-office and "other" location procedures using I.V. conscious sedation, I.M. conscious sedation or general anesthesia are covered, if **YOU**:

- use the services of a licensed provider of anesthetic services;
- are named as certificate holder and provided a minimum ten days' notice of cancellation on a certificate of insurance evidencing professional liability insurance from the provider of anesthetic services; and
- maintain the certificate of insurance for review by the Company.

I understand that in order to underwrite Dentists Professional Liability insurance, the Company must have access to information concerning my personal and professional life. I hereby authorize and direct any dental society, dental professional, hospital, residency program, insurance company, underwriter, insurance agent or other entity to furnish any information concerning me or my dental practice which the Company may request. I understand that any policy issued will rely on the truth of the statements and representations I have made herein and that misrepresentations that are fraudulent, or such that the company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance.

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Your Signature

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Date

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Your Name (Please Print)

**PLEASE INCLUDE A COPY OF YOUR WRITTEN INFORMED ANESTHESIA CONSENT FORMS.**