



***New Jersey Office of the Attorney General***

Division of Consumer Affairs

New Jersey State Board of Dentistry

124 Halsey Street, 6th Floor, P.O. Box 45005

Newark, New Jersey 07101

(973) 504-6405

## **Incident Report Form**

**(Required pursuant to N.J.A.C. 13:30-8.8)**

This form **must** be either filled out online, printed out and mailed to the Board, or printed out and filled out by using a typewriter. You may **not** print out this form and fill it out with a pencil or a pen.

**Note:** The Board's regulations require that all licensees must submit a report, within seven days, of any incident occurring in a dental office, clinic or other dental facility, which requires the removal of a patient to a hospital for observation or treatment. Licensees are also required to report any death which may be related to dental treatment, whether or not the death occurred in a dental office, clinic or other facility.

<b>Date of report</b>	
<b>Practice name and address</b>	
<b>Name of treating dentist</b>	
<b>Name and signature of the individual making the report</b>	Signature:
<b>Patient's name</b>	
<b>Patient's age and gender</b>	
<b>Date and time of the incident</b>	
<b>Patient's medical history (include all medications, vitamins, herbal supplements, etc.)</b>	
<b>Dental procedure at the time of the incident</b>	
<b>Duration of the dental procedure prior to the incident</b>	
<b>Drugs administered to the patient prior to the incident (include local, sedative and/or general anesthetic agents; amount, type and dosage)</b>	

<b>Describe the incident (attach additional sheets of paper if necessary)</b>	
<b>Who else was present during the incident and in what capacity?</b>	
<b>Who notified police/E.M.T.?</b>	
<b>Duration of the incident</b>	
<b>Disposition of the patient before and after the incident</b>	
<b>Who escorted the patient to the hospital?</b>	
<b>Name of the hospital and its location</b>	
<b>Follow-up care and prognosis</b>	
<b>Condition of the patient upon leaving the office</b>	
<b>Disposition of the patient at time of discharge from the hospital</b>	