

Facility Sedation Permit 2023

Facility/clinic name: _____

Name of the primary contact dentist for the purpose of the Facility Sedation Permit (please print): _____

Please indicate all practitioners performing sedation at this facility as well as (with a check mark) the modalities employed by each practitioner.

Name	Nitrous Oxide and Oxygen	Parenteral Moderate (IV)	Deep Sedation and/or General Anesthesia

Annual Fee per Facility (Payable by cheque to PDBNS or by credit card)

Nitrous oxide and oxygen sedation only: \$150

Parenteral moderate or general anesthesia: \$300

Fee payable is either \$150 OR \$300 corresponding to the deepest level of sedation provided at this facility: \$_____

I attest that the processes, infrastructure, and equipment for sedation and/or general anesthesia at this facility are in compliance with the PDBNS Standard of Practice for the Use of Sedation and General Anesthesia in Dental Practice.

Signature of Primary Contact Dentist

Date

Name of Primary Contact Dentist
(Please Print)

Office Use Only