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ADDITIONAL LOCATION PRE-INSPECTION SURVEY FORM

Each permit holder to administer moderate sedation or deep sedation and general anesthesia is required to provide the following information for each new location. This completed form must be returned to the Board prior to providing services at the listed location.

Permit Holder's full name is: _____

Dentist License Number: _____ Permit Number: _____

Permit Holder practices: ___ general dentistry ___ in the specialty of _____

Permit Holder practices at the following location:

Full name of the practice: _____

Full address of the practice: _____

Full name of the primary contact person: _____

Telephone number of the primary contact person: _____

E-mail address of the primary contact person: _____

The number of other permit holders at this location: _____ Provide name(s) below.

Table with 2 columns and 4 rows for listing other permit holders.

Is this location a licensed hospital as defined in §32.1-123 of the Code of Virginia? YES NO
(If yes, provide documentation of last inspection report.)

Is this location a state-operated hospital? YES NO
(If yes, provide documentation of last inspection report.)

Is this location a facility directly maintained or operated by the federal government? YES NO
(If yes, provide documentation of last inspection report.)

Are you a registered Oral Maxillofacial Surgeon (OMS)? YES NO
If yes, do you maintain membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the Board with reports that result from the periodic office examinations required by AAOMS (18VAC60-21-300 (A)). See Guidance Document 60-27 Guidance on Sedation Permits
https://www.dhp.virginia.gov/media/dhpweb/docs/dentistry/guidance/60-27.pdf.

Signature

Date

Use a separate form to provide information on all additional locations.