

This goes on evaluators letterhead

ATTESTATION ON REVIEW OF EMERGENCY PROCEDURES WITH
ANCILLARY STAFF

I _____ attest that the ancillary staff in the office(s) where I provide sedation/anesthesia have been properly drilled and familiarized with emergency plan protocol. We have had mock drills and question and answer session (s) to prepare for the eventuality of in-office emergency. Our evaluation has covered multiple topics and our emergency plan protocol falls within the parameters suggested in the AAOMS Office Anesthesia Evaluation Manual and within guidelines proposed by the Georgia Society of Oral and Maxillofacial Surgeons.

Signature: _____ Date: _____

Typed or Printed Name: _____

Address of Primary Office:

Date of Evaluation of Primary Office : _____