

Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800 Austin, Texas 78701-3942 Main Phone: (512) 463-6400 Selfreports@tsbde.texas.gov



INSTRUCTIONS

Complete all applicable fields. Please note that if your self report is illegible, processing will be delayed and your complaint may be returned to you. Forms can be mailed **or e-mailed to selfreports@TSBDE.texas.gov**. Attach ALL patient records related to this patient with your self-report. See attached checklist for more detail.

§108.6. Report of Patient Death or Injury Requiring Hospitalization. A dentist must submit a written report to the SBDE as provided below:

- (1) The death of a dental patient which may have occurred as a consequence of the receipt of dental services from the reporting dentist must be reported within 72 hours of the death, or such time as the dentist becomes aware or reasonably should have become aware of the death;
- (2) The hospitalization of a dental patient, as a possible consequence of receiving dental services from the reporting dentist, must be reported within 30 days of the hospitalization or such time as the dentist becomes aware of or reasonably should have become aware of the hospitalization. For purposes of this section, "hospitalization" shall be defined as an examination at a hospital or emergency medical facility that results in an in-patient admission for the purpose(s) of treatment and/or monitoring.
- (3) In the evaluation of sedation/anesthesia morbidity or mortality, the SBDE shall consider the standard of care necessary to be that applicable to the patient's state of consciousness during the procedure.

REPORTI	NG:	Patient Hospitalization	Patient Mortality	Date of Incident:	
PROVIDE	R MAKING R	EPORT			
Name		First Name	MI	Last Name	e
Mailing A	Address:			SBDE License No:	
Street:				Phone:	
City:		State:	Zip:	Email:	
Patient N	lame:				
		First Name	MI	Last Nam	e
Mr.	Ms.				
Mailing A	Address:	Date of Birth:		Age at time of incident:	
Street:				Phone:	
City:		State:	Zip:	Email:	
If this pat	tient was tre	ated in a hospital or eme	ergency care center, prov	vide the following information:	
Hospital	or Facility Na	nme:		Date:	
Street:				Phone:	
City:		State:	Zip:		
Was pati	ent transpor	ted by EMS? If yes, nan	ne of EMS Service:		
☐ Yes	☐ No				

to this patient. See the attached records checklist for further detail. **Pleas	e clearly summarize the incident resulting in hospitalization or mortality. Enclose copies of all records in your possession related patient. See the attached records checklist for further detail. **Please note if we are unable to read your report, processing delayed.** A separate narrative and/or additional pages may be attached if preferred.	
You may attach additional sheets if needed.	I certify the above information is true and correct.	
Send to: State Board of Dental Examiners 333 Guadalupe, Tower 3, Suite 800 Austin, TX 78701-3942 Selfreports@tsbde.texas.gov	Signature:	
For information on filing a self-reporting email: selfreports@tsbde.texas.gov	Date:	

Texas State Board of Dental Examiners' Records Request Checklist of REQUIRED Documents

INSTRUCTIONS:

- All patient records related to evaluation or treatment of the identified patient must be submitted to the Board, including but not limited to, the items listed below.
- Note which records you are submitting and which records you are not submitting. Return the records and this form to the State Board of Dental Examiners with the records.
- All photocopied documents must be legible, complete, and printed on one side of the paper only.
- Any document using color-coded text or labels must be submitted in color.
- A typed transcript must accompany any illegible handwritten notes.
- English translation of non-English forms must be provided.

FOR ANY ITEM YOU MARK "NO" BELOW INCLUDE AN EXPLANATION ON THE REVERSE SIDE AS TO WHY ITEM WAS NOT INCLUDED IN SUBMISSION

INCLUDED?	ITEM
☐ YES ☐ NO*	1. BUSINESS RECORDS AFFIDAVIT - Form is attached. Must be completed by dentist/custodian of records AND notarized. Required by Board rule 107.105(c).
☐ YES ☐ NO*	2. PATIENT INFORMATION SHEET
☐ YES ☐ NO*	3. MEDICAL HISTORY SHEET
☐ YES ☐ NO*	4. TREATMENT PLAN - Include all alternate treatment plans presented.
☐ YES ☐ NO*	5. SIGNED CONSENT FORMS - For all treatment rendered. Include both general and treatment specific consent forms.
YES NO*	6. PROGRESS/TREATMENT NOTES - Must be legible and include identification of provider. If illegible, provide typed transcription of records and copies of original records. If records are altered or modified, provide unaltered version as well. Include electronic or handwritten notes detailing diagnosis and treatment rendered, medicines administered or prescribed, labels, sticky notes, or other notations.
☐ YES ☐ NO*	7. RADIOGRAPHS - Must be DIAGNOSTIC QUALITY duplicates. No photocopies. Digital radiographs must be submitted on digital media such as CD, flash drive, or by e-mail (Selfreports@tsbde.texas.gov). Each radiograph must indicate date taken. Files may need to be renamed to indicate date. Film x-rays must be mounted.
☐ YES ☐ NO*	8. DIAGNOSTIC IMAGES, IMAGING, OR PHOTOGRAPHS - Identify patient name and date for each image. Viewer must be included.
YES NO*	9. PATIENT ACCOUNT HISTORY - LEDGER/BILLING/INSURANCE INFORMATION, EOBs
☐ YES ☐ NO*	10. PERIODONTAL AND RESTORATION CHARTING
☐ YES ☐ NO*	11. MODELS, CASTS OR DRAWINGS - INITIAL AND FINAL - Required for all orthodontia cases. Diagnostic quality images of models may be submitted so long as they include a maxillary and mandibular occlusal view, left and right lateral views and an anterior view.
☐ YES ☐ NO*	12. LAB PRESCRIPTIONS - If illegible, provide typed transcription.
☐ YES ☐ NO*	13. DRUG PRESCRIPTIONS - If illegible, provide typed transcription.
☐ YES ☐ NO*	14. REFERRAL FORMS/LETTERS
☐ YES ☐ NO*	15. CORRESPONDENCE - Includes notes of telephone calls, e-mails, letters to patient, insurance companies, and other providers.

INCLUDED?		ITEM:	
☐ YES ☐ NO*	16. COPY OF names.	SCHEDULE FOR ALL TREATMENT DATES - Identify all providers and all	patients. Do not redact patient
☐ YES ☐ NO*		CLS, PALS CARDS - Proof of current certification for all dentists, hygienistreatment.	ts and assistants involved in the
YES NO*	18. WRITTEI	N EMERGENCY PLAN	
☐ YES ☐ NO*		DF CONTINUING EDUCATION - Proof of Continuing Education complete g annual and specialty CEs.	d within the preceding 24 months,
☐ YES ☐ NO*	20. NARRAT	IVE (optional)	
		* Explanation of Documents Omitted from Submission Required	
ITEM NUMBER		REASON ITEM NOT SUBMITTED TO THE	BOARD
ITEM #	REASON:		
FORM COM	IPLETED BY:	DATE	

Texas Administrative Code

TITLE 22 EXAMINING BOARDS

PART 5 STATE BOARD OF DENTAL EXAMINERS

CHAPTER 107 DENTAL BOARD PROCEDURES

SUBCHAPTER B COMPLAINTS AND INVESTIGATIONS
RULE §107.105 Collection of information and Records

- (a) Dental Records. Upon request by board staff, a dental custodian of records shall provide copies of dental records or original records. Board staff may require a dental custodian of records to submit records immediately if required by the urgency of the situation or the possibility that the records may be lost, damaged, or destroyed.
- (b)Response to Board Requests. In addition to the requirements of responding or reporting to the board under this section, a licensee/registrant shall respond in writing to all written board requests for information within ten days of receipt of such request.
- (c) Business Records Affidavits. Dental records must be provided under a business records affidavit or as otherwise required by board staff.
- (d) Failure to Comply.
- (1) Administrative Penalty. Failure to comply with board staff's request for records or information may be grounds for the issuance of an administrative penalty citation pursuant to § 254.0115 of the Act.
- (2) Disciplinary Action. Failure to comply with board staff's request for records or information may be unprofessional and dishonorable conduct that is subject to disciplinary action by the board pursuant to §263.002 of the Act.
- (3) Civil Penalty. Failure to comply with board staff's request for records and other evidence or failure to comply with other law regulating dental patient records may be subject to a civil penalty pursuant to §258.0511 and §264.101 of the Act.
- (4) Criminal Penalty. Failure to comply with board staff's request for records and other evidence or failure to comply with other law regulating dental patient records, in violation of §258.0511, is a criminal offense pursuant to §264.152 of the Act.

Source Note: The provisions of this §107.105 adopted to be effective September 6, 2016, 41 TexReg6694

BEFORE THE TEXAS STATE BOARD OF DENTAL EXAMINERS

AFFIDAVIT FOR DENTALRECORDS/BUSINESS RECORDS

name/dental provider). Before me, the undersigned authority, personally appeared	t
custodian), who, being by me duly sworn, deposed as follows: My name is(records custodian). I am of sound mind, capable of	
My name is(records custodian). I am of sound mind, capable of	S
	:
making this Affidavit, and personally acquainted with the facts herein stated:	
I am Custodian of Records of(business name). Attached	
hereto are page(s) of dental/business records from	-
(business name). These records are kept by said Custodian of Records in the regular course of business, and	d
it was in the regular course of business of (business name) for an	n
employee or representative of said business with the knowledge of the act, event, condition, opinion or	
diagnosis, recorded to make the record or to transmit information thereof to be included in such record. The	ne
record was made at or near the time or reasonably soon thereafter. The records attached hereto are the	
original or exact duplicates of the original(s).	
Affiant	
/	
Affiant's telephone and fax contact numbers	
Affiant's e-mail address	
SWORN TO AND SUBSCRIBED before me on the day of, 20	
Notary Public, State of Texas My Commission expires:	

BEFORE THE TEXAS STATE BOARD OF DENTAL EXAMINERS

AFFIDAVIT FOR PHOTOGRAPHIC/VIDEOGRAPHY RECORDING RECORDS

Relating to photographic/videograp	hic of	(patient
name/dental provider).		
Before me, the undersigned authorit	y, personally appeared	(records
custodian), who, being by me duly swor	n, deposed as follows:	
My name is	(records custodian). I am of sound n	nind, capable of
making this Affidavit, and personally acc	quainted with the facts herein stated:	
I am Custodian of Records of	(business n	ame). Attached
hereto are images(s) of photo	graphic/videography from	
(business name). These records are kept	by said Custodian of Records in the regular course	of business, and
it was in the regular course of business o	of(busin	ness name) for an
employee or representative of said busin	ness with the knowledge of the act, event, condition	n, opinion or
diagnosis, recorded to make the record	or to transmit information thereof to be included in	such record. The
record was made at or near the time or r	easonably soon thereafter. The records attached h	ereto are the
original or exact duplicates of the origin	al(s).	
	Affiant	
	Affiant's telephone and fax co	ontact numbers
	Affiant's e-mail address	
SWORN TO AND SUBSC	CRIBED before me on the day of	, 20
	Notary Public, State of Texas	
	My Commission expires:	

BEFORE THE TEXAS STATE BOARD OF DENTAL EXAMINERS

AFFIDAVIT FOR RADIOGRAPHIC STUDIES

Relating to radiograph studies of		(patient
name/dental provider).		
Before me, the undersigned authority, person	ally appeared	(records
custodian), who, being by me duly sworn, depose	ed as follows:	
My name is	(records custodian). I am of sound mind,	, capable of
making this Affidavit, and personally acquainted	with the facts herein stated:	
I am Custodian of Records of	(business name)). Attached
hereto are image(s) of radiographi	c studies from	
(business name). These records are kept by said (Sustodian of Records in the regular course of b	ousiness, and
it was in the regular course of business of	(business	name) for an
employee or representative of said business with	the knowledge of the act, event, condition, op	inion or
diagnosis, recorded to make the record or to tran	smit information thereof to be included in such	n record. The
record was made at or near the time or reasonabl	y soon thereafter. The records attached hereto	are the
original or exact duplicates of the original(s).		
	Affiant	
	/	
	Affiant's telephone and fax contact nur	nbers
	Affiant's e-mail address	
CMODN TO AND CURSORIDED I	Company on the state of	20
2MOKIN IO AND 20R2CKIRED PE	fore me on the day of	, 20
	Notary Public, State of Texas	
	My Commission expires:	