



State Board of Dental Examiners
Dentist - Self Report
Patient Hospitalization/Mortality

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.

REPORTING: Patient Hospitalization Patient Mortality Date of Incident:

PROVIDER MAKING REPORT

Name: First Name MI Last Name

Mailing Address: SBDE License No:
 Street: Phone:
 City: State: Zip: Email:

Patient Name:

Mr. Ms. First Name MI Last Name

Mailing Address: Date of Birth: Age at time of incident:
 Street: Phone:
 City: State: Zip: Email:

If this patient was treated in a hospital or emergency care center, provide the following information:

Hospital or Facility Name: Date:
 Street: Phone:
 City: State: Zip:

Was patient transported by EMS? If yes, name of EMS Service:

Yes No

Please clearly summarize the incident resulting in hospitalization or mortality. Enclose copies of all records in your possession related to this patient. See the attached records checklist for further detail. ****Please note if we are unable to read your report, processing will be 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
<input type="checkbox"/> YES <input type="checkbox"/> 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).
<input type="checkbox"/> YES <input type="checkbox"/> NO*	2. PATIENT INFORMATION SHEET
<input type="checkbox"/> YES <input type="checkbox"/> NO*	3. MEDICAL HISTORY SHEET
<input type="checkbox"/> YES <input type="checkbox"/> NO*	4. TREATMENT PLAN - Include all alternate treatment plans presented.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	5. SIGNED CONSENT FORMS - For all treatment rendered. Include both general and treatment specific consent forms.
<input type="checkbox"/> YES <input type="checkbox"/> 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.
<input type="checkbox"/> YES <input type="checkbox"/> 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.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	8. DIAGNOSTIC IMAGES, IMAGING, OR PHOTOGRAPHS - Identify patient name and date for each image. Viewer must be included.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	9. PATIENT ACCOUNT HISTORY - LEDGER/BILLING/INSURANCE INFORMATION, EOBs
<input type="checkbox"/> YES <input type="checkbox"/> NO*	10. PERIODONTAL AND RESTORATION CHARTING
<input type="checkbox"/> YES <input type="checkbox"/> 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.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	12. LAB PRESCRIPTIONS - If illegible, provide typed transcription.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	13. DRUG PRESCRIPTIONS - If illegible, provide typed transcription.
<input type="checkbox"/> YES <input type="checkbox"/> NO*	14. REFERRAL FORMS/LETTERS
<input type="checkbox"/> YES <input type="checkbox"/> NO*	15. CORRESPONDENCE - Includes notes of telephone calls, e-mails, letters to patient, insurance companies, and other providers.

CONTINUED ON NEXT PAGE

INCLUDED?

ITEM:

- YES NO* **16. COPY OF SCHEDULE FOR ALL TREATMENT DATES** - Identify all providers and all patients. Do not redact patient names.
- YES NO* **17. BCLS, ACLS, PALS CARDS** - Proof of current certification for all dentists, hygienists and assistants involved in the patient treatment.
- YES NO* **18. WRITTEN EMERGENCY PLAN**
- YES NO* **19. PROOF OF CONTINUING EDUCATION** - Proof of Continuing Education completed within the preceding 24 months, including annual and specialty CEs.
- YES NO* **20. NARRATIVE (optional)**

* Explanation of Documents Omitted from Submission Required

ITEM NUMBER

REASON ITEM NOT SUBMITTED TO THE BOARD

ITEM #	<input style="width: 90%;" type="text"/>	REASON:	<input style="width: 98%;" type="text"/>
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FORM COMPLETED 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

AFFIDAVIT FOR DENTAL RECORDS/BUSINESS RECORDS

Relating to dental records/business records of _____ (patient name/dental provider).

Before me, the undersigned authority, personally appeared _____ (records custodian), who, being by me duly sworn, deposed 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 _____ 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 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, 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 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 _____, 2018.

Notary Public, State of Texas

My Commission expires: _____

AFFIDAVIT FOR PHOTOGRAPHIC/VIDEOGRAPHY RECORDING RECORDS

Relating to photographic/videographic of _____ (patient name/dental provider).

Before me, the undersigned authority, personally appeared _____ (records custodian), who, being by me duly sworn, deposed 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 _____ images(s) of photographic/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 of _____ (business name) for an 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 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 _____, 2018.

Notary Public, State of Texas

My Commission expires: _____

AFFIDAVIT FOR RADIOGRAPHIC STUDIES

Relating to radiograph studies of _____ (patient name/dental provider).

Before me, the undersigned authority, personally appeared _____ (records custodian), who, being by me duly sworn, deposed 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 radiographic studies 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 of _____ (business name) for an 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 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 _____, 2018.

Notary Public, State of Texas

My Commission expires: _____