

Dentist Medical Malpractice Addendum

Website: www.vanden.ee

Section 1 - Clinical Activities

1. Please provide split of time for each of the below:

Area

General dentistry	%	General anaesthetics	%
Implantology	%	Orthodontics	%
IV sedation	%	Surgical periodontal procedures	%
Other (please specify)			%

2. Please provide details or any oral or maxillofacial surgery that you undertake, including average number of hours dedicated to each per week

a) Dento-alveolar procedures - Surgical treatment of disorders of the teeth and their supporting hard and soft tissues

	Yes/No	Hours per week
Apicoectomies	Yes/No	
Exodontia (eg, wisdom teeth removal)	Yes/No	
Benign cyst removal	Yes/No	
Minor pre-prosthetic surgery	Yes/No	
Tooth transplantation	Yes/No	
Surgical removal of teeth	Yes/No	
Removal of impacted or ectopic teeth, including wisdom teeth	Yes/No	
Removal of developmental abnormalities of the teeth and jaws	Yes/No	
Benign jaw growth removal	Yes/No	
Dental implants (excluding sinus lifts or bone augmentation which involves the floor of the sinus, or extra-oral bone harvesting, all of which are regarded as maxillofacial procedures).	Yes/No	
Dental implants (including sinus lifts or bone augmentation which involves the floor of the sinus, or extra-oral bone harvesting, all of which are regarded as maxillofacial procedures).	Yes/No	
b) Trauma - Rhinoplasty, pinnaplasty, genioplasty	Yes/No	
b) Facial aesthetics - Rhinoplasty, pinnaplasty, genioplasty	Yes/No	
d) Cleft lip and palate	Yes/No	
e) Head and neck cancer	Yes/No	
f) Craniofacial surgery - Craniosynostoses, Craniofacial dysostoses, Orbital dysostosis, Encephalocoeles, Craniofacial clefts	Yes/No	
g) Skull base surgery	Yes/No	
h) Orthognathic surgery	Yes/No	

Are you a member of the British Association of Oral and Maxillofacial surgeons?

Yes/No

Are you a member of any other professional organisation?

Yes/No

3. Please provide details of the cosmetic procedures you are involved in

Botox	Yes/No	
Collagen fillers	Yes/No	
Facial peels	Yes/No	
Other	Yes/No	

Section 2 - Anaesthetics

1. Are general anaesthetics ever administered? If no skip to question 7.	Yes/No
2. Do you personally administer general anaesthetics?	Yes/No
3. Do you have the relevant post-graduate training and experience to administer general anaesthetics for dental purposes? Please provide details:	Yes/No
4. If the answer to question 2. is "No" is the general anaesthetic administered by a dentist or medical practitioner with the appropriate post-graduate training and experience?	Yes/No
5. Does the person administering the general anaesthetics (the Anaesthetist) always remain with the patient throughout the procedure and until the patient's protective reflexes have returned and the patient has gained control of their own airway?	Yes/No
6. Does the Anaesthetist always have an assistant in support throughout the procedure and recovery?	Yes/No
7. Is sedation ever administered? If "No" skip to question 9 If "Yes" is it administered by you? If "No" what type of practitioner is it administered by (eg. Dentist, Anaesthetist...)?	Yes/No Yes/No
8. What type of sedation is administered? Intravenous Inhalation / RA	Yes/No Yes/No
9. Is the operating room equipped with continuously-acting monitoring devices and a defibrillator?	Yes/No
10. Is there basic life support equipment set up in the operating room?	Yes/No
11. Is the patient's full medical history always taken prior to administration of general anaesthetics/sedation?	Yes/No

Section 3 - General Questions

1. Do you employ any dental nurses or dental technicians?	Yes/No
2. If "Yes" how many do you employ?	
3. Please provide the full name of each dental nurse/dental technician that you employ and for whom you wish to have the right to request indemnity against clinical negligence claims through your own medical indemnity insurance.	
Forename(s)	Surname
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
their medical negligence. With the number of complaints and GDC investigations involving dental nurses and dental technicians on the rise it is recommend that dental nurses and dental technicians have their own appropriate individual cover to cover this exposure.	

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

insurance effected thereon.

insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any

I/We acknowledge that any deductible applied to my/our insurance policy is inclusive of all legal costs and I/we are financially responsible for paying this amount.

Signing this proposal form does not bind the proposer to complete this insurance.

Signature of authorised Individual/Partner/Principal/Director: _____

Date: _____

Print Name: _____

Position: _____