

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING
ANESTHESIA COMMITTEE
WEDNESDAY, APRIL 30, 2025

6:00 P.M.

PUBLIC BOOK

Agenda

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

A.L. HIGGINBOTHAM
Executive Director

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF DENTAL EXAMINERS

PUBLIC MEETING NOTICE & BOARD MEETING AGENDA

Meeting Date & Time
Wednesday, April 30, 2025
6:00 p.m.

Meeting Location
Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy, Ste. 104
Henderson, NV 89014

Video Conferencing/ Teleconferencing Available

To access by phone, +1(646) 568-7788

To access by video webinar,

<https://us06web.zoom.us/j/87644786552>

Webinar/Meeting ID#: 876 4478 6552

Webinar/Meeting Passcode: 053002

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form and Live Public Comment by teleconference is available after roll call (beginning of meeting and prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov.** Written submissions received by the Board on or before **Tuesday, April 29, 2025, by 12:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Nevada State Board of Dental Examiners may: 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. *See NRS 241.030.* Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. *See NRS 233B.126.*

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than

48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at <http://dental.nv.gov> In addition, the supporting materials for the public body are available at the Board's office located at 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

Note: Asterisks (*) "**For Possible Action**" denotes items on which the Board may take action.

Note: Action by the Board on an item may be to approve, deny, amend, or table it.

1. Call to Order

- a. Roll Call/Quorum

2. Public Comment (Live public comment by teleconference and pre-submitted email/written form):

The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during the public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited to based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before April 29, at 12:00 p.m. may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

3. Old Business: (For Possible Action)

- a. NA

4. New Business: (For Possible Action)

- a. Review, Discussion and Possible Recommendation of the Anesthesia Committee Bylaws to the Board – NRS 631.190 (For Possible Action)
- b. Review, Discussion and Possible Recommendation on the Appropriate Medications and Dosages for Moderate Sedation to the Board – NRS 631.190, NAC 631.030, NAC 631.033, NAC 631.035 (For Possible Action)

5. Public Comment (Live public comment by teleconference):

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6. Announcements:

7. Adjournment: (For Possible Action)

**NEW
BUSINESS**

Bylaws of the Anesthesia Committee and Sub-Committee Board of Dental Examiners

Establishment

The Anesthesia Committee (the "Committee") and Anesthesia Sub-Committee (the "Sub-Committee") are hereby established as a standing committee and sub-committee of the Board of Dental Examiners (the "Board"). The Committee shall operate in accordance with these bylaws and any applicable laws and regulations governing the Board.

Purpose

The Committee shall provide oversight and recommendations to the Board on matters related to anesthesia and moderate sedation. The purpose of the Committee is to review, evaluate, and make recommendations to the Board on matters related to the administration of anesthesia and sedation in the practice of dentistry within Nevada. The Committee shall support the Board's mission of protecting the public by promoting safe, effective, and consistent anesthesia practices through oversight, regulation, and guidance.

The Sub-Committee members serve the Committee in an advisory role and do not have voting powers within the Committee.

Membership

1. The Committee shall be composed of at least 4 members, approved by the Board, but no more than 5 members.
2. The Sub-Committee shall be composed of at least 4 members, appointed by the Board, but no more than 7 members.
3. The Executive Director shall serve as an ex-officio, non-voting member and provide administrative support as needed.
4. The Board President appoints a Chair to the Committee at the 1st or 2nd board meeting of the calendar year.
5. Any Committee Member or Sub-Committee Member may consult with the Board President to discuss the removal of any Committee or Sub-Committee Member from the Committee for actions that are unethical and/or result in unprofessional conduct.

Meetings

1. The Committee shall meet twice per year, or more frequently as deemed necessary by the Chairperson or the Board.
2. Meetings shall be conducted in accordance with applicable open meeting laws and Board procedures.
3. A majority of Committee members shall constitute a quorum for conducting business.
4. The Committee shall keep minutes of its meetings and submit them to the Board for review.

Authority and Responsibilities

The Committee shall have the authority to:

1. Review and make recommendations to the Board regarding anesthesia and sedation regulations, policies, and guidelines.
2. Review and make recommendations to the Board regarding requirements and standards for anesthesia permit holders.
3. Review and make recommendations to the Board regarding educational institutions providing anesthesia or sedation education/training for licensure or permit qualification.
4. Review and make recommendations to the Board regarding the oversight of inspection and evaluation procedures for anesthesia permit holders.
5. Review and make recommendations to the Board regarding the evaluation forms, checklists, and procedures for the evaluation of facilities and practitioners authorized to administer anesthesia or sedation.
6. Review and make recommendations to the Board regarding the development, modification, and application of anesthesia inspection and evaluation standards.

The Sub-Committee shall have the authority to:

7. Receive input and make recommendations to the Committee regarding clinical practice standards.
8. Receive input and make recommendations to the Committee regarding proposed revisions to evaluations.
9. Receive input and make recommendations to the Committee regarding safety concerns or emerging trends in anesthesia and sedation practices.

Reporting and Recommendations

1. The Committee shall submit formal recommendations to the Board for consideration and approval.
2. The Committee does not have independent decision-making authority but serves in an advisory capacity to the Board.
3. The Sub-Committee does not have independent decision-making authority but serves in an advisory capacity to the Committee.

Amendments

These bylaws may be amended by a majority vote of the Board, provided that notice of proposed amendments is given in advance.

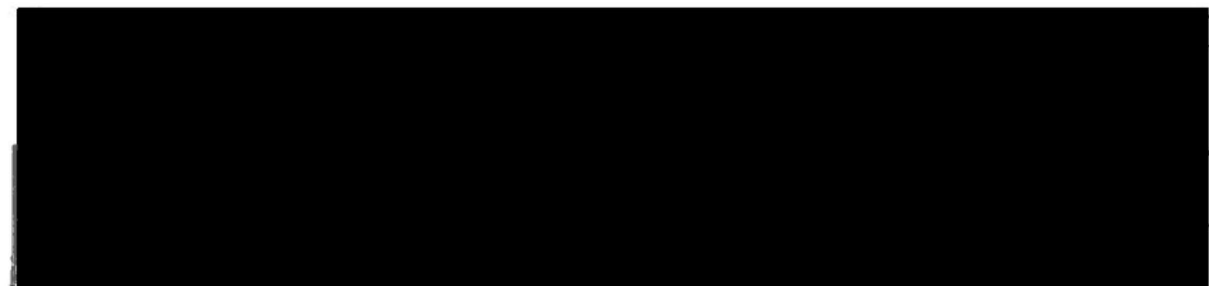
Effective Date

These bylaws shall take effect immediately upon approval by the Board of Dental Examiners.



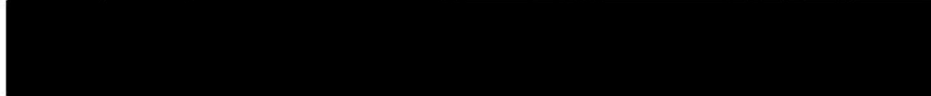
Date Of Birth - Age	07 01/20/1958	/	
Procedures - Length of appointment		/	ESLT # 14, properly
Medical history review		/	
ASA Classification	III	/	
BMI score	29.2	/	
Mallampati score - Airway assesment		/	II
Tonsil score	3	/	
Pre-medication given		/	
Known Allergies - drug sheet review		/	
Techniques to be used, medications		/	IV sedation, versed, pro dex fasting
IV needle, difficulty of start		/	not difficult 22g
Consents signed		/	
Time out will be used/ know discussion points for case		/	
Neck and orthopedic status		/	short neck
Other issues/ special needs/ dental issues, dentures/ etc.		/	sleep apnea, cerebell palsy, H ₂ O ₂ stroke
NPO status		/	
Medication reconciliation		/	
Attending Doctor		/	Dr. Mayberry
Name and phone number of escort		/	
Antibiotic prophylaxis needed?		/	
Monitors (SaO2, NIBP, ECG, EtCO2) cables connected and working properly		/	





Airway complications		/	
Medications used and dosage	✓		used 10mg Enoxaparin, 10mg morphine, 10mg fentanyl
Medications discontinued prior to use	✓		
Anesthesia report complete and signed off	✓		
Drugs wasted noted and approved	✓		0 waste
Doctor & assistant in procedure	✓		
Other complications			
a) Nausea/ vomiting		✓	
b) IV started		✓	
c) Difficulty to sedate		✓	
d) Reversal agent needed		✓	
Patient Monitoring			
a) Difficulties	✓		pt remaining pulse ox
b) Printed form needed		✓	
Patient Discharge - Status of patient			
a) Responsible adult	✓		
b) Verbal and written guidance given with post op instructions	✓		
c) Patient in mobile condition 3 kind of awareness	✓		
d) Wheel chair used/mobile / can caregiver handle patient	✓		

index
Scarf



TREATMENT

EXT

ASA STATUS

1 2 3 4

DIAGNOSIS

Decay

NPO SINCE: 8pm

MEDICATIONS

NONE

Losartan, Jardiance, claritin

ALLERGIES

NONE

~~PREGNANT~~

~~LMP~~

ANESTHESIA HISTORY

NO SEDATION HISTORY PREVIOUS HISTORY W/O PROBLEMS FAMILY HISTORY

NOTES:

RESPIRATORY	CARDIOVASCULAR	GI	NEURO	ENDOCRINE/RENAL	MISC
<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> NONE
<input type="checkbox"/> ASTHMA/REACTIVE AIRWAY	<input type="checkbox"/> ANGINA	<input type="checkbox"/> CIRRHOSIS	<input type="checkbox"/> CVA (CEREBROVASCULAR	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ANEMIA
<input type="checkbox"/> BRONCHITIS	<input type="checkbox"/> CHF (CONGESTIVE HEART	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> ACCIDENT)	<input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II	<input type="checkbox"/> ARTHRITIS
<input type="checkbox"/> COPD	<input type="checkbox"/> FAILURE	<input type="checkbox"/> REFLEX	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> DIALYSIS	<input type="checkbox"/> BLEEDING DISORDER
<input type="checkbox"/> DYSPNOEA ORTHOPNOEA	<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> ULCER	<input type="checkbox"/> MIGRAINES	<input type="checkbox"/> THYROID DISEASE	<input type="checkbox"/> CANCER
<input type="checkbox"/> RECENT URI (UPPER	<input checked="" type="checkbox"/> TBP <input type="checkbox"/> JBP	<input type="checkbox"/> ESOPHAGEAL DISEASE	<input checked="" type="checkbox"/> STAYS (TRANSIENT (20')	<input type="checkbox"/> RENAL FAILURE	<input type="checkbox"/> CHEMOTHERAPY
<input type="checkbox"/> RESPIRATORY INFECTION)	<input type="checkbox"/> MI (MYOCARDIAL INFARCTION)		<input type="checkbox"/> ISCHEMIC ATTACK)		<input type="checkbox"/> DRUG USE/ETOH USE
<input type="checkbox"/> SHORTNESS OF BREATH	<input type="checkbox"/> MURMUR		<input type="checkbox"/> SYNCOPE		<input type="checkbox"/> IMMUNOSUPPRESSION
<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> PACEMAKER		<input type="checkbox"/> MUSCLE WEAKNESS		<input type="checkbox"/> SICKLE CELL DISEASE/TRANS
<input type="checkbox"/> TOBACCO USE	<input type="checkbox"/> RHEUMATIC FEVER		<input type="checkbox"/> SEIZURES		<input type="checkbox"/> RECENT STEROIDS
<input checked="" type="checkbox"/> SLEEP APNEA	<input type="checkbox"/> CONGENITAL HEART DISEASE				<input type="checkbox"/> MARIJUANA USE
	<input type="checkbox"/> VALVULAR DISEASE				<input checked="" type="checkbox"/> OTHER Brain Damage cerebral palsy

GENERAL WELL DEVELOPED, WELL NOURISHED
AIRWAY GOOD RANGE OF MOTION OF NECK AND JAW
TMJ LIMITED OPENING OR PAIN IN JOINT

5'3" HEIGHT 165 WEIGHT 47 AGE
MALLAMPATI CLASS I (II) IV V

LUNGS CLEAR TO AUSCULTATION
HEART REGULAR RATE AND RHYTHM

PT/PTT INR
 HGB/HCT PLATLETS
 OBESSE

BLOOD SUGAR PRE-OP/ TIME: _____
BLOOD SUGAR POST-OP/ TIME: _____

Medical History

Height: 5'3 Weight: 165

Have you ever had a bad experience in a dental office? Yes No

If yes, please explain: _____

Have you been seen by a physician within the last 12 months? Yes No

Have you ever had a prolonged illness or hospitalization? Yes No

If yes, please explain: _____

Have you ever been told by a physician that you have a heart murmur? Yes No

If yes, please explain: _____

Have you ever had a surgery or radiation therapy? Yes No

If yes, please explain: no sedation history

Have you ever had an adverse reaction from local anesthesia? Yes No

If yes, please explain: _____

Do you smoke or use smokeless tobacco? Yes No

How many packs per day? _____

Do you drink alcohol? Yes No

If yes, please explain: Occasional/Daily - how much rarely

Do you have a history or current use of illicit drugs, including Marijuana or narcotics? Yes No

If yes, please explain: _____

Women Only:

Are you pregnant? Yes No

Do you take oral contraceptives Yes No

If yes, please indicate type _____

Allergies

Are you allergic to any foods, clothing or animals? Yes No

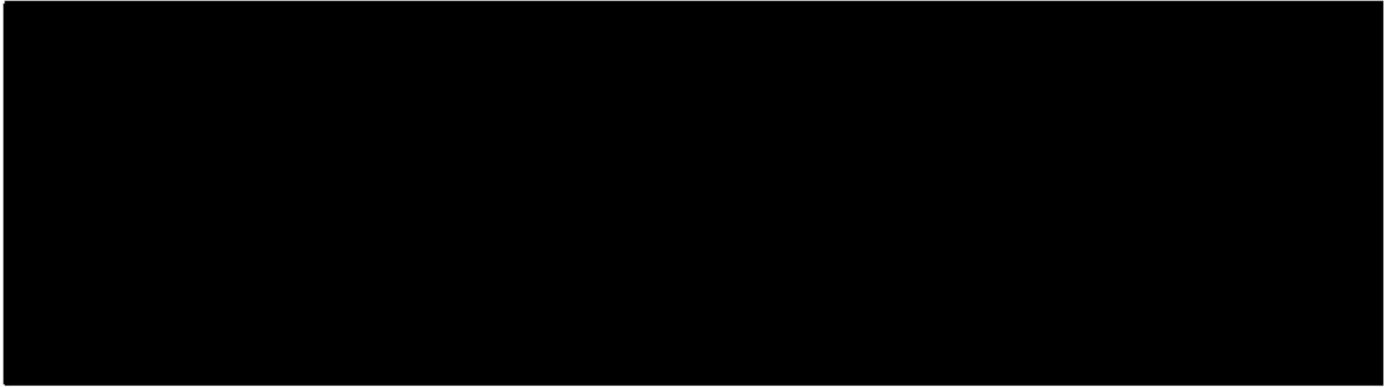
If yes, please explain: _____

Do the following make you ill or are you allergic to?

- | | |
|---|--|
| <input type="checkbox"/> Penicillin or Antibiotics (Please Specify Below) | <input type="checkbox"/> Codeine |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Narcotics (Demerol) |
| <input type="checkbox"/> Sulfa Drugs | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Local Anesthetic | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Other | |

Please list any other:

NKA



Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed	
	2	O		amalgam - one surface, primary or permanent	EO	JM	0.00	D2140			
	15	O		Resin composite 1 surf post perm	EO	JM	0.00	D2391			
	18	OB		Resin composite 2 surf post perm	EO	JM	0.00	D2392			
	31	OE		Resin composite 2 surf post perm	EO	JM	0.00	D2392			
02/25/2025				Appointment - 11.30 AM FA/CX Policy, Intra Oral face pics. Consult arrived 1129 SELF PAY PTs sister Mary will be the one to contact REF: Google **Email sent							
				02/19/2025- NP needs PX. PT can't keep his mouth open. YES to IV. Last DDS- N/A. Med Cond- Cerebral Palsy Autism. & Legally blind. DOB 1/20/58. INS- Medicaid/Medicare. Aware we don't take. Will pay out of pocket.- Kbrown PTs sister is aware if we can't finish appt. we will have to finish it with sedation							
				2/24/25 - CF via txt bbell 2/24/25 - Im/txt to cf - bbell 2/21/25 - Im to conf NBraun							
02/25/2025				FA/CX Policy Signed	C	JM	0.00	D0010			
02/25/2025				2D oral/facial photographic image obtained intra-orally or extra-orally	C	JM	0.00	D0350			
02/25/2025				Consultation per session	C	JM	0.00	D9310			
02/25/2025				Group Note	EC	JM	0.00	~GRP~	Lynna Harney	Signed	

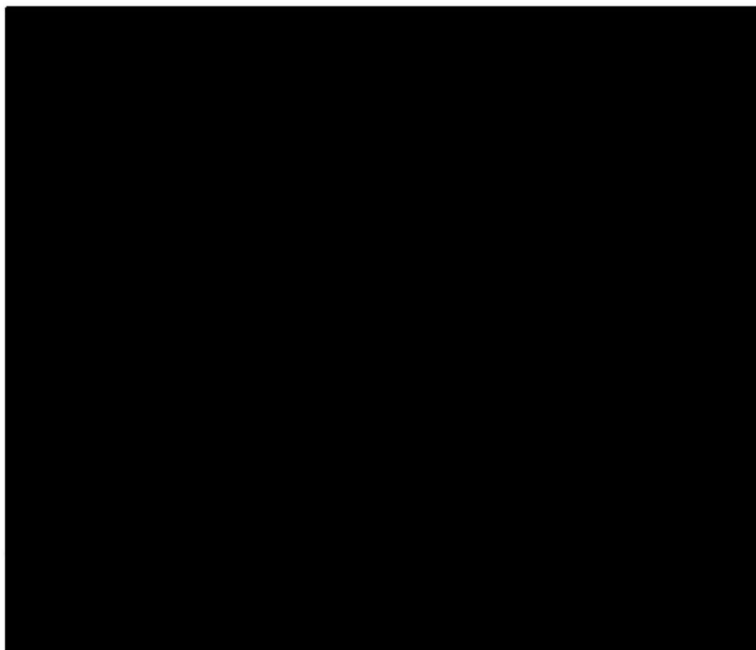
Last dental visit: 5 years ago
 What services were done: Exam, Cleaning
 Were your visits regular? Yes
 Were x-rays taken? Yes
 Are you in discomfort now? No
 Are you missing teeth? Yes
 Are missing teeth replaced by anything? No
 Approximately how long ago were existing partials, dentures, crowns, root canals, etc. completed? N/A ago
 Does food collect between your teeth? Yes
 Are your teeth sensitive to anything? No
 How often do you brush your teeth? 1xday
 Do your gums bleed? Sometimes
 Do you have a history of Periodontal (gum) disease? No
 Have you ever had treatment for Periodontal (gum) disease? If so, please provide the approximate date & any additional supporting information. na
 How do you feel about the health of your teeth? n/a
 How do you feel about the appearance of your teeth/smile? n/a
 How do you feel about dentures? no
 Lynna Harney, DA

Patient has autism, present with care giver Mary his sister. Patient needs a new dentist to come to, UC has a very long wait and he is no longer able to be seen at Childrens for dental work. We were unable to do exam due to not able cooperate. I was able to get a ICAT and HHX. We will need to bring patient back for IV seation and exam and x ray and cleaning.

02/25/2025				Comin - Financial							
02/25/2025				Comin - Financial					Jessica Jamison		
				pt needs 1 text and diff px with sedation, pt is spec al needs so needs sedation. told sister we do recommend every 6 months if double, paid \$500 dep. Jamison							



Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed		
03/10/2025				Appointment - 8:00 AM IVSed<15m, IVEach15m. IVEach15m, IVEach15m #13-D-CM, #14-EXTSimpl, #30-ODL-CM. NPexan, 4BWx, #6- PA1st: #8-PAadd. #11-PAadd. #24- PAadd. #26-PAadd arrived 750 IV X Diff Px Down \$961 (THIS INCLUDES DEP MADE) no meds morning of fwkobs/sr 03/07/25 - Pt's legal guardian/sister conf appt/meds/down/instructions via tele - NCure 03/07/25 - LVM/txt to conf appt/down/meds/instructions - NCure 3/6/25 - Lvm on legal guardians cell to cf appt/instr/meds/down - BBell 3/6/25 - email sent to JJamison for meds pending -bbeli								
03/10/2025				Appointment - 10:15 AM FLVrnsh, DiffPX, Pchart **CLEANING NEEDS TO GET DONE** 03/07/25 - Pt's sister/legal guardian conf appt via tele - NCure								
03/10/2025				Topical fluoride varnish	C	Open Provid er	0.00	D1206				
03/10/2025				Periodonal Charting	C	KRW	0.00	D4111				
03/10/2025				Scale gingival infim full mouth	C	KRW	162.00	D4346				
03/10/2025				IV conscious sed/analg-1st15m	C	JM	218.00	D9239				
03/10/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243				
03/10/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243				
03/10/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243				
03/10/2025	13	D		Resin composite 1 surf.post.perm	C	JM	246.00	D2391				
03/10/2025	14			Extraction, simple	C	JM	281.00	D7140				
03/10/2025	30	ODL		Resin composite 3 surf.post.perm	C	JM	376.00	D2393				
03/10/2025				Initial exam, xrays, dm's	C	JM	0.00	D0160				
03/10/2025				Bitewings-four films	C	JM	0.00	D0274				
03/10/2025	6			Intraoral-periapical-1st film	C	JM	0.00	D0220				
03/10/2025	8			Intraoral-periapical-each add'l	C	JM	0.00	D0230				
03/10/2025	11			Intraoral-periapical-each add'l	C	JM	0.00	D0230				
03/10/2025	24			Intraoral-periapical-each add'l	C	JM	0.00	D0230				
03/10/2025	26			Intraoral-periapical-each add'l	C	JM	0.00	D0230				
03/10/2025				Group Note	EC	JM	0.00	~GRP~	Jordan Mayberry	Signed		





Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
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Palate: WNL
 Floor of mouth: WNL
 External skin and throat nodes: WNL
 Throat: WNL
 Tongue: WNL
 Mallampati score: II
 Pericoronitis: None
 Periodontal Screening and Recording (PSR): 444/444
 Oral lesions: WNL

PERIODONTAL EXAM

Frenum: WNL
 Papillae: Red, enlarged, bulbous, non-stippled
 Marginal gingiva: Red, swollen
 Periodontal Classification: Generalized , Gingivitis, Severe

HARD TISSUE EXAM & TEETH EXAM

Rotated teeth: 7, 8, 9, 10, 24, 25
 General Bone Loss: Mild
 Calculus deposits: Heavy
 Occlusion: Class II Div I
 Pain in the jaw joint: N/A
 Popping or clicking of jaw joint: N/A
 Grinding or clenching: N/A
 Chew on one side of mouth: N/A
 Traumatized teeth from occlusion: None
 General Condition of teeth: Fair
 Erosion/Recession: 22, 24, 26, 27
 Loose contacts: 13, 14, 15
 Over-hanging margins: None
 Fractured teeth: 14
 Discolored teeth: Moderate
 Type of cleaning recommended: Difficult prophy
 Records taken today: 4 bitewings, PA

Provider: Dr. Jordan Mayberry
 Primary Assistant: Tawni Taulbee, DA

Remarks:
 Captured BWX & PA's under sedation today, due to being unable at NP visit.

Tooth # 13, 30 filled using SimpliShade Universal composite. Shade Medium. Products used: Gel etchant on tooth #13. Occlusion adjusted and restoration polished. Were fillings placed by an EFDA? Yes, Gabriela Rodulfo, EFDA

Tooth #14 Simple extraction. No bone graft placed. No sutures were placed. Verbal and written post-op instructions were given to patient's sister/guardian. The primary assistant was Tawni Taulbee, DA. The assistant passing was Gaby Rodulfo, EFDA


Recommended OTC Tylenol & ibuprofen, as needed,

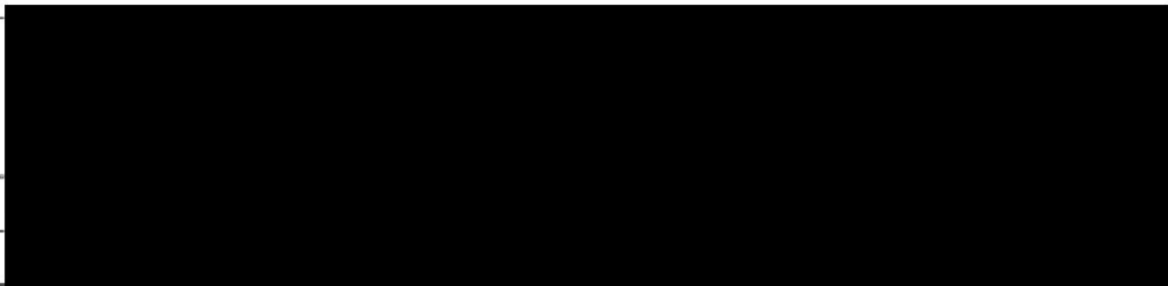
Assistant Sign-Off: Tawni Taulbee, DA
 Provider: Dr. Jordan Mayberry
 Health History Reviewed: Yes, Reviewed with Pt , No changes
 Next Visit: Obs

03/10/2025				Group Note	EC	KRW	0.00	~GRP~	Tawni Taulbee	Signed
------------	--	--	--	------------	----	-----	------	-------	---------------	--------

Health History Reviewed? Yes, Reviewed with Pt , No changes
 BP: 117/73

What was done at today's visit? Difficult Prophy, FL2 varnish, Periodontal Charting
 Oral Hygiene products dispensed? Fluoride Varnish
 Xrays taken? No
 Patient's periodontal classification? Stage 3, Grade B
 Sub calc or radiographic calc? all sextants, sub calculus

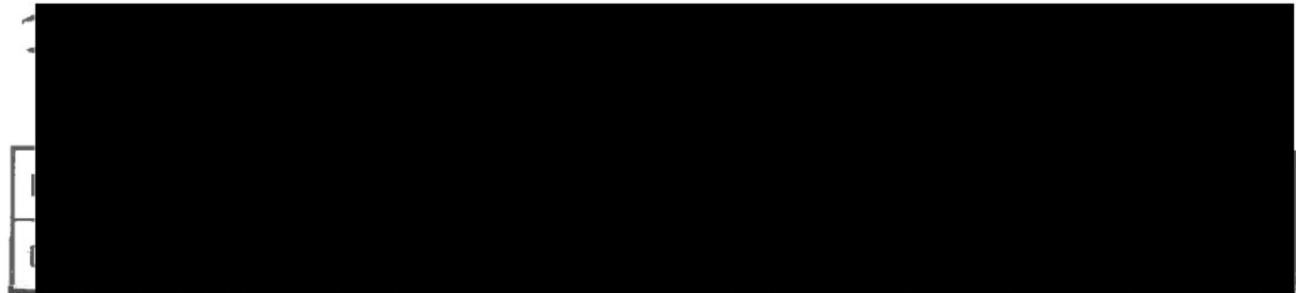
Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed	
				Probing depths updated today? Initial Full Mouth Perio Chart (FMPC) Contributing factors? Oral Hygiene, Poor oral hygiene, Lack of daily flossing, Plaque induced, Restorations, Overdue, Recession Patients oral hygiene? Poor Oral Cancer Screening? WNL Restorative discussed? Composites, Oral Surgery Ready to proceed? Pt having treatment today Recare interim? 6 months N.V Propy 							
				Chief complaint? None. Pt did not tolerate the PX well, pt tossed and turned throughout the procedure under IV sedation. Pt has strong lips and tongue.							
03/19/2025				Appointment - 9:00 AM Obs 1wk obs - bbell							
03/19/2025				Office visit for observation	TP	JM	0.00	D9430			



3

Date Of Birth - Age	2/2/70 55	/	
Procedures - Length of appointment		/	crystal implant 30 min
Medical history review		/	
ASA Classification	II	/	
BMI score	26.5	/	
Mallampati score - Airway assesment	II	/	
Tonsil score	I	/	
Pre-medication given	2g Amox	/	implant precaution
Known Allergies - drug sheet review	penicillin	/	
Techniques to be used, medications	IV, premed, vers d, fentanyl	/	
IV needle, difficulty of start	not difficult	/	
Consents signed		/	
Time out will be used/ know discussion points for case		/	
Neck and orthopedic status		/	
Other issues/ special needs/ dental issues, dentures/ etc.	no	/	
NPO status		/	
Medication reconciliation		/	
Attending Doctor	Dr. Mayberry	/	
Name and phone number of escort		/	
Antibiotic prophylaxis needed?		/	
Monitors (SaO2, NIBP, ECG, EtCO2) cables connected and working properly		/	





Airway complications		✓	
Medications used and dosage	✓		long used 20mg possible (w) Feinty (
Medications discontinued prior to use	✓		tidings
Anesthesia report complete and signed off	✓		works
Drugs wasted noted and approved	✓		
Doctor & assistant in procedure	✓		
Other complications		✓	
a) Nausea/ vomiting		✓	
b) IV started		✓	
c) Difficulty to sedate		✓	
d) Reversal agent needed		✓	
Patient Monitoring	✓		
a) Difficulties		✓	
b) Printed form needed		✓	
Patient Discharge - Status of patient	✓		
a) Responsible adult	✓		
b) Verbal and written guidance given with post op instructions	✓		
c) Patient in mobile condition 3 kind of awareness	✓		
d) Wheel chair used/mobile / can caregiver handle patient	✓		



TREATMENT RF Placement **ASA STATUS** 2 3 4

DIAGNOSIS Missing tooth **NPO SINCE:** 12:00am

MEDICATIONS NONE
Mounjaro, ~~Xanax~~, Diltiazem, Multivitamin, losartan, treestyle fibre,

ALLERGIES NONE
- PCN - rude Amox is OK
- Iuhbenzalko comes - gets sick
- Arixaban - rough
PREGNANT /
LMP /

ANESTHESIA HISTORY
 NO SEDATION HISTORY **PREVIOUS HISTORY W/O PROBLEMS** **FAMILY HISTORY**

NOTES:

RESPIRATORY	CARDIOVASCULAR	GI	NEURO	ENDOCRINE/RENAL	MISC
<input checked="" type="checkbox"/> NONE <input type="checkbox"/> ASTHMA/REACTIVE AIRWAY <input type="checkbox"/> BRONCHITIS <input type="checkbox"/> COPD <input type="checkbox"/> DYSPNEA/ORTHOPNEA <input type="checkbox"/> RECENT URI (UPPER) <input type="checkbox"/> RESPIRATORY INFECTION <input type="checkbox"/> SHORTNESS OF BREATH <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> TOBACCO USE <input type="checkbox"/> SLEEP APNEA	<input type="checkbox"/> NONE <input type="checkbox"/> ANGINA <input type="checkbox"/> CHF (CONGESTIVE HEART FAILURE) <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> HSP <u>LIP</u> <input type="checkbox"/> MI (MYOCARDIAL INFARCTION) <input type="checkbox"/> MURMUR <input type="checkbox"/> PACEMAKER <input type="checkbox"/> RHEUMATIC FEVER <input type="checkbox"/> CONGENITAL HEART DISEASE <input type="checkbox"/> VALVULAR DISEASE	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> CIRRHOSIS <input type="checkbox"/> HEPATITIS <input type="checkbox"/> REFLUX <input type="checkbox"/> ULCER <input type="checkbox"/> ESOPHAGEAL DISEASE <u>+ AFB</u>	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> CVA (CEREBROVASCULAR ACCIDENT) <input type="checkbox"/> HEADACHES <input type="checkbox"/> MIGRAINES <input type="checkbox"/> TIA'S (TRANSIENT ISCHEMIC ATTACK) <input type="checkbox"/> SYNCOPE <input type="checkbox"/> MUSCLE WEAKNESS <input type="checkbox"/> SEIZURES	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> DIABETES <input type="checkbox"/> TYPE I <u>TYPE II</u> <input type="checkbox"/> DIALYSIS <input type="checkbox"/> THYROID DISEASE <input type="checkbox"/> RENAL FAILURE	<input type="checkbox"/> NONE <input type="checkbox"/> ANEMIA <input type="checkbox"/> ARTHRITIS <input type="checkbox"/> BLEEDING DISORDER <input type="checkbox"/> CANCER <input type="checkbox"/> CHEMOTHERAPY <input type="checkbox"/> DRUG USE/ ETOH USE <input type="checkbox"/> BLOOD SUPPRESSION <input type="checkbox"/> SICKLE CELL DISEASE/ TRAIT <input type="checkbox"/> RECENT STEROIDS <input type="checkbox"/> MARIJUANA USE <input type="checkbox"/> OTHER

GENERAL WELL DEVELOPED, WELL NOURISHED
AIRWAY GOOD RANGE OF MOTION OF NECK AND JAW
TM.J LIMITED OPENING OR PAIN IN JOINT

62 HEIGHT 185 WEIGHT 55 AGE
MALLAMPATI CLASS I II III IV V

LINGS CLEAR TO AUSCULTATION
HEART REGULAR RATE AND RHYTHM

PT/PTT INR
HGB/HCT PLATELETS
OBESE

BLOOD SUGAR PRE-OP/ TIME: _____
BLOOD SUGAR POST-OP/ TIME: _____

NOTES: _____



Height: 62 weight: 200

Have you ever had a bad experience in a dental office? Yes No

If yes, please explain: in military

Have you been seen by a physician within the last 12 months? Yes No

Have you ever had a prolonged illness or hospitalization? Yes No

If yes, please explain: 2016 A-fib, ablation 2/2020 to correct A-fib

Have you ever been told by a physician that you have a heart murmur? Yes No

If yes, please explain: _____

Have you ever had a surgery or radiation therapy? Yes No

If yes, please explain: no issues with sedation; appendix removed 1996, ablation 2020, hospitalized 10/21 afib pr

Have you ever had an adverse reaction from local anesthesia? Yes No

If yes, please explain: _____

Do you smoke or use smokeless tobacco? Yes No

How many packs per day? _____

Do you drink alcohol? Yes No

If yes, please explain: Occasional/Daily - how much

Do you have a history or current use of illicit drugs, including Marijuana or narcotics? Yes No

If yes, please explain: _____

Women Only:

Are you pregnant? Yes No

Do you take oral contraceptives Yes No

If yes, please indicate type _____

Allergies

Are you allergic to any foods, clothing or animals? Yes No

If yes, please explain: _____

Do the following make you ill or are you allergic to?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Penicillin or Antibiotics | <input type="checkbox"/> Codeine |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Narcotics (Demerol) |
| <input type="checkbox"/> Sulfa Drugs | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Local Anesthetic | <input type="checkbox"/> Aspirin |
| <input checked="" type="checkbox"/> Other | |

Please list any other:

influenza vaccines - gets very sick, Apixaban heart med
Penicillin causes rash; amoxicillin is ok

Additional remarks by patient or assistant:

no meds

BP 142/100 on 10/22/2019 at FF office

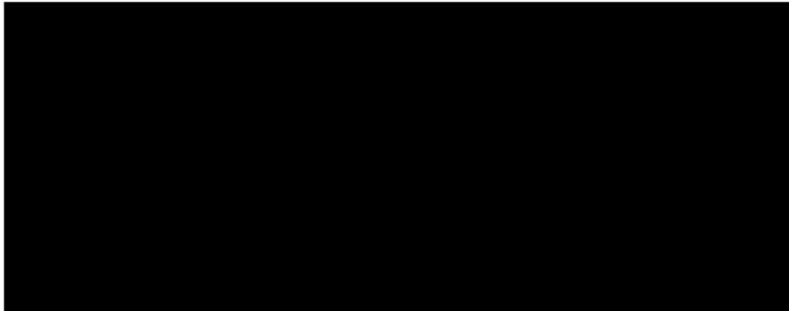
updated meds and afib procedure and diabetes TMW

Updated meds 10/10/22 CH

Updated meds and pharmacy 8/27/24 JPL/SY

Updated meds 2/27/25 AW

I certify that I have read and understood the information given to me. I understand that providing incorrect information can be dangerous to my health. I hereby authorize the office of Scott E. Sayre D.D.S. to share my personal health information with other physicians, referring dentists, clinical and dental laboratories, pharmacies or other healthcare employees who are providing me treatment.



Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
------	----	------	----	-------------	------	------	--------	----------	------	--------

Chief complaint? None
Localized light calc and stain
Light bleeding on upper molars

Dr. Mayberry Dx'd:
NSF
Informed the pt that we could move forward with the implant placement
#30

02/27/2025				Group Note	EC	JM	0.00	~GRP~	Sasha Young	Signed
------------	--	--	--	------------	----	----	------	-------	-------------	--------

Patient present for X-clip appointment for implant on tooth # 30
Impressions were taken with clip #E67. X-clip placement was verified by
Dr. Jordan Mayberry .
I-CAT transferred into chart and X-NAV: Yes
Health history updated: Yes, Reviewed with Pt , No changes
Patient scheduled for implant surgery?: Yes
Was email sent for completion of x guide? Yes

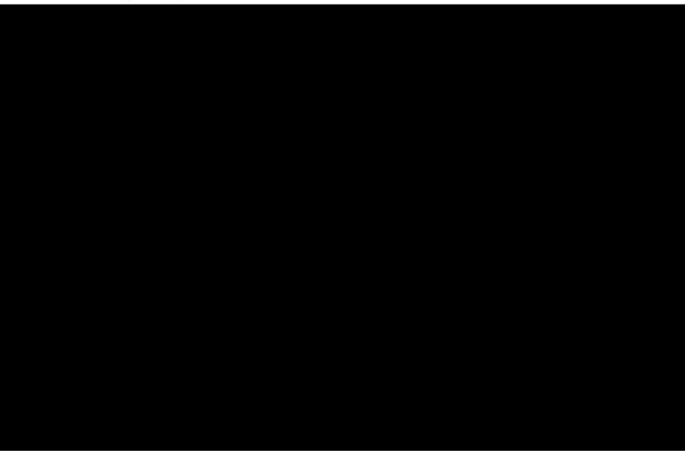
Assistant Sign-Off: Sasha Young, DA
Provider: Dr. Jordan Mayberry
Health History Reviewed: Yes, Reviewed with Pt , No changes
Next Visit: Implant Appointment

03/10/2025				Appointment - 10:30 AM #30-RF, IVSed<15m, IVEach15m. IVEach15m, IVEach15m						
------------	--	--	--	---	--	--	--	--	--	--

arrived 949
IV RF ***NEED TO MOVE PT DOWN 30 MIN**
Down \$733 (this includes pts credit)
no meds morning of
1wkobs/sr 3mRFobs

03/07/25 - Pt conf appt (moved down 30 mins)/down/meds/instructions
via tele - NCure.
03/06/25 - LVM to conf appt/meds/down/instructions: Please offer to
move pt down 30 mins upon call back - NCure
3/6/25 - email sent to Jjamison for meds pending - bbell

03/10/2025				Intravn cons sed/analg 15 min	TP	JM	218.00	D9243		
03/10/2025				Intravn cons sed/analg 15 min	TP	JM	218.00	D9243		
03/10/2025				Intravn cons sed/analg 15 min	TP	JM	218.00	D9243		
03/10/2025	30			Surgical placement of implant endoste	TP	JM	2310.00	D6010		
03/10/2025				Nitrous oxide/analgesia	TP	JM	97.00	D9230		
03/10/2025				IV conscious sed/analg-1st15m	C	JM	218.00	D9239		
03/10/2025				Group Note	EC	JM	0.00	~GRP~	Jordan Mayberry	Signed



The sterile technique was performed for the Root Form Implant procedure

Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
------	----	------	----	-------------	------	------	--------	----------	------	--------

using Nobel Biocare Replace - conical connection implant(s) placed for tooth/teeth: 30.
 X-NAV system used?: Yes
 Implant size: 5.0x11.5
 Doctor hand-torqued implant to 35Ncm.
 Bone Graft Placed: No bone graft placed.
 Sutures placed: 4-0 Chromic gut resorbable sutures placed.
 Implant healing abutment placed.

Radiograph taken: Yes, PA and Xrays shown to doctor prior to dismissing the patient.

Post op instructions given to patient's child/family member.
 The patient has been given prescription(s) for Tramadol 50mg, Acetaminophen 500mg see RX record for details.

Health History Reviewed: Yes, Reviewed with Pt, No changes
 Next Visit: Obs

03/10/2025				Conrol - Misc					Bailey Bell	
				Care credit did not process payment on their side but went through on my end, called Smokey to manually enter cc payment. bbell						
03/10/2025				Rx - TraMADol 50 mg tablet - #12		JM				
03/10/2025				Rx - Acetaminophen 500 mg tablet - #3		JM				
03/19/2025				Appointment - 7:30 AM						
				Obs						
				1wk obs - bbell						
03/19/2025				Office visit for observation	TP	JM	0.00	D9430		
06/16/2025				Appointment - 8:00 AM						
				Obs						
				3moRF obs - bbell						
06/16/2025				Office visit for observation	TP	JM	0.00	D9430		
08/21/2025				Appointment - 8:45 AM						
				PX						
08/21/2025				Prophylaxis - adult	TP	KRW	137.00	D1116		



Date Of Birth - Age	5/26/1968	/	
Procedures - Length of appointment	fillings / crown / Ext 3m	/	
Medical history review		/	
ASA Classification	II	/	
BMI score	29.8	/	
Mallampati score - Airway assesment	II	/	
Tonsil score	II	/	
Pre-medication given		/	✓
Known Allergies - drug sheet review		/	
Techniques to be used, medications	IV vessel, fentanyl, propofol	/	
IV needle, difficulty of start	not difficult	/	
Consents signed		/	
Time out will be used/ know discussion points for case		/	
Neck and orthopedic status		/	
Other issues/ special needs/ dental issues, dentures/ etc.		/	✓
NPO status		/	
Medication reconciliation		/	
Attending Doctor	Dr. Mayberry	/	
Name and phone number of escort		/	
Antibiotic prophylaxis needed?		/	
Monitors (SaO2, NIBP, ECG, EtCO2) cables connected and working properly		/	✓





Airway complications	✓		had tilt/clin tilt apnea
Medications used and dosage	✓		versed 2mg 20mg Fentanyl 2mg
Medications discontinued prior to use	✓		
Anesthesia report complete and signed off	✓		
Drugs wasted noted and approved	✓		
Doctor & assistant in procedure	✓		
Other complications			
a) Nausea/vomiting		✓	
b) IV started		✓	
c) Difficulty to sedate		✓	
d) Reversal agent needed		✓	
Patient Monitoring			
a) Difficulties		✓	
b) Printed form needed		✓	
Patient Discharge - Status of patient			
a) Responsible adult		✓	
b) Verbal and written guidance given with post op instructions		✓	
c) Patient in mobile condition 3 kind of awareness		✓	
d) Wheel chair used/mobile/ can caregiver handle patient		✓	

placed
w/ox
e/ox
30mg
Ketorolac



TREATMENT

Restorative & EXT

ASA STATUS

1 2 3 4

DIAGNOSIS

Decay

NPO SINCE: 9pm

MEDICATIONS:

NONE

Amlodipine, Metoprolol, Valsartan, Sertraline

ALLERGIES

NONE

~~PREGNANT~~
LMP

ANESTHESIA HISTORY

NO SEDATION HISTORY PREVIOUS HISTORY W/O PROBLEMS FAMILY HISTORY

NOTES:

RESPIRATORY

NONE
 ASTHMA/REACTIVE AIRWAY
 BRONCHITIS
 COPD
 DYSPNEA/ORTHOPNEA
 RECENT URI (UPPER
RESPIRATORY INFECTION)
 SHORTNESS OF BREATH
 TUBERCULOSIS
 TOBACCO USE Chew
 SLEEP APNEA 1 can Body

CARDIOVASCULAR

NONE
 ANGINA
 CHF (CONGESTIVE HEART
FAILURE)
 HYPERTENSION
 HEP LBP
 MI (MYOCARDIAL INFARCTION)
 MURMUR
 PACEMAKER
 RHEUMATIC FEVER
 CONGENITAL HEART DISEASE
 VALVULAR DISEASE

GI

NONE
 CIRCULOSIS
 HEPATITIS
 REFLUX
 ULCER
 ESOPHAGEAL DISEASE

NEURO

NONE
 CVA (CEREBROVASCULAR
ACCIDENT)
 HEADACHES
 MIGRAINES
 TIAs (TRANSIENT
ISCHEMIC ATTACK)
 SYNCOPE
 MUSCLE WEAKNESS
 SEIZURES

ENDOCRINE/RENAL

NONE
 DIABETES
 TYPE I TYPE II
 DIALYSIS
 THYROID DISEASE
 RENAL FAILURE

MISC

ANEMIA
 ARTHRITIS
 BLEEDING DISORDER
 CANCER
 CHEMOTHERAPY
 DRUG USE/ETOH USE
 DRUG SUPPRESSION
 SICKLE CELL DISEASE/Trait
 RECENT STEROIDS
 MARIJUANA USE Guinness
 OTHER Anxiety Aspirin

GENERAL WELL DEVELOPED, WELL NOURISHED
AIRWAY GOOD RANGE OF MOTION OF NECK AND JAW
TMJ LIMITED OPENING OR PAIN IN JOINT

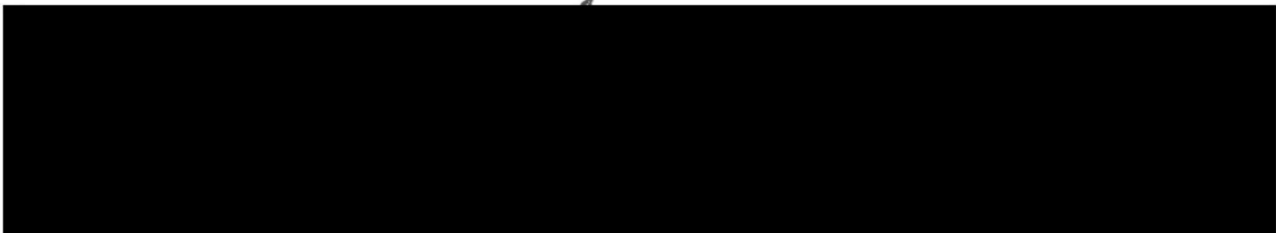
57 HEIGHT 190 WEIGHT 200 AGE

MALLAMPATI CLASS II III IV V

LUNGS CLEAR TO AUSCULTATION
HEART REGULAR RATE AND RHYTHM

PT/PTT INR
 HGB/HCT PLATLETS
 OBESE

BLOOD SUGAR PRE-OP/ TIME: _____
BLOOD SUGAR POST-OP/ TIME: _____



TIME	
O2 L	
N2O L	
MIDAZOLAM	
FENTANYL/DEMEROL	
ZOFRAN	
PHENERGAN	
DEXMEDETOMIDINE	
LABETALOL	
FLUMAZENIL	
NARCAN	
DEXAMETHASONE	
KETOROLAC	
LIDOCAINE	
MEPIVACAINE	260
SEPTOCAINE	
	240
	220
	200
	180
	160
	140
	120
	100
IV SITE:	
IV NEEDLE:	
FLUIDS:	
RR	
EKG	
TEMP	
ETCO2	
SPO2:	98 98

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

TREATMENT
OPERATIVE:

SURGERY:



- ASA CLASS
- I. HEALTHY
 - II. SINGLE FACTOR
 - III. COMPLICATIONS
 - IV. SEVERE FACTORS
 - V. MORIBUND

NOTES:

SPO2: _____ P: _____ R: _____ BP: _____
 REFLEXES: _____ COMPLICATIONS: _____ OTHER: _____



ANESTHESIA EVALUATION

NAME: _____

DATE: _____

TREATMENT	ASA STATUS 1 2 3 4
------------------	------------------------------

DIAGNOSIS	NPO SINCE: _____
------------------	------------------

MEDICATIONS _____ NONE	
-------------------------------	--

ALLERGIES _____ NONE	<input type="checkbox"/> PREGNANT <input type="checkbox"/> LMP
-----------------------------	---

ANESTHESIA HISTORY

NO SEDATION HISTORY
 PREVIOUS HISTORY W/O PROBLEMS
 FAMILY HISTORY

NOTES:

RESPIRATORY	CARDIOVASCULAR	GI	NEURO	ENDOCRINE/RENAL	MISC
<input type="checkbox"/> NONE <input type="checkbox"/> ASTHMA/REACTIVE AIRWAY <input type="checkbox"/> BRONCHITIS <input type="checkbox"/> COPD <input type="checkbox"/> DYSPNEA/ORTHOPNEA <input type="checkbox"/> RECENT URI (UPPER RESPIRATORY INFECTION) <input type="checkbox"/> SHORTNESS OF BREATH <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> TOBACCO USE <input type="checkbox"/> SLEEP APNEA	<input type="checkbox"/> NONE <input type="checkbox"/> ANGINA <input type="checkbox"/> CHF (CONGESTIVE HEART FAILURE) <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> HBP /LBP <input type="checkbox"/> MI (MYOCARDIAL INFARCTION) <input type="checkbox"/> MURMUR <input type="checkbox"/> PACEMAKER <input type="checkbox"/> RHEUMATIC FEVER <input type="checkbox"/> CONGENITAL HEART DISEASE <input type="checkbox"/> VALVULAR DISEASE	<input type="checkbox"/> NONE <input type="checkbox"/> DYSPHOSIA <input type="checkbox"/> HEPATITIS <input type="checkbox"/> REFLUX <input type="checkbox"/> ULCER <input type="checkbox"/> ESOPHAGEAL DISEASE	<input type="checkbox"/> NONE <input type="checkbox"/> CVA (CEREBROVASCULAR ACCIDENT) <input type="checkbox"/> HEADACHES <input type="checkbox"/> MIGRAINES <input type="checkbox"/> TMS (TRANSIENT ISCHEMIC ATTACK) <input type="checkbox"/> SYNCOPE <input type="checkbox"/> MUSCLE WEAKNESS <input type="checkbox"/> SEIZURES	<input type="checkbox"/> NONE <input type="checkbox"/> DIABETES <input type="checkbox"/> TYPE I TYPE II <input type="checkbox"/> DIALYSIS <input type="checkbox"/> THYROID DISEASE <input type="checkbox"/> RENAL FAILURE	<input type="checkbox"/> NONE <input type="checkbox"/> ANEMIA <input type="checkbox"/> ARTHRITIS <input type="checkbox"/> BLEEDING DISORDER <input type="checkbox"/> CANCER <input type="checkbox"/> CHEMOTHERAPY <input type="checkbox"/> DRUG USE/ETOH USE <input type="checkbox"/> IMBALANCE/SUPPRESSION <input type="checkbox"/> SICKLE CELL DISEASE/TRAIT <input type="checkbox"/> RECENT STEROIDS <input type="checkbox"/> MARIJUANA USE <input type="checkbox"/> OTHER

GENERAL _____ WELL DEVELOPED, WELL NOURISHED
 AIRWAY _____ GOOD RANGE OF MOTION OF NECK AND JAW
 TMJ _____ LIMITED OPENING OR PAIN IN JOINT

_____ HEIGHT _____ WEIGHT _____ AGE
 MALLAMPATI CLASS I II III IV V

LUNGS _____ CLEAR TO AUSCULTATION
 HEART _____ REGULAR RATE AND RHYTHM

_____ PT/PTT _____ INR
 _____ HGB/HCT _____ PLATELETS
 _____ OBESSE

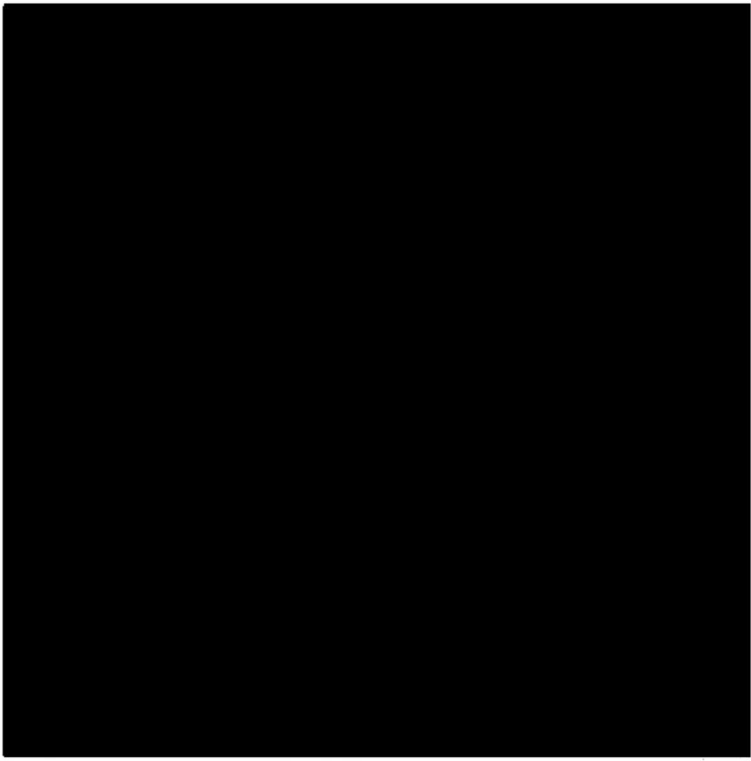
BLOOD SUGAR PRE-OP/ TIME: _____
 BLOOD SUGAR POST-OP/ TIME: _____

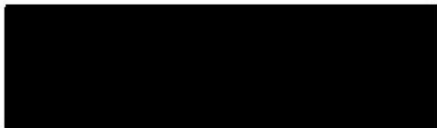
NOTES: _____


PROVIDER SIGNATURE: _____ DATE: _____



Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
) to have it removed.										
03/05/2025				Comm - Financial					Jessica Jamison	
pt needs a few fillings, pvc on LL and ext on LL. yrs to sedation. Pt scheduled and paid deposit. JJamison										
03/10/2025				Appointment - 12 30 PM IVEach15m, IVEach15m, IVEach15m, IVEach15m, IVEach15m, #3-MO-CM, #4-MOD-CM, #5-OD-CM, #8-ML-CM, #9-ML-CM, #18-EXT Surg, #19-PVC, #20-OD-CM, #29-OD-CM, #31-MO- CM, IVSed<15m IV CMs PVC X ***NEED TO MOVE PT DOWN 30 MIN** Down \$1886 (paid \$500 dep already) take BP meds. no other meds morning of 1wkobs/sr 03/06/25 - Pt conf appt (moved down 30 mins)/meds/down/instructions via tele - NCure 3/6/25 - LVm to cf appt (let pt know we need to move him down 30 mins), instr/meds/down - bbell 3/6/25 - email sent to Jjamison for meds pending - bbell						
03/10/2025				IV conscious sed/analg-1st15m	C	JM	218.00	D9239		
03/10/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243		
03/10/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243		
03/10/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243		
03/10/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243		
03/10/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243		
03/10/2025	3	MO		Resin composite 2 surf.post.perm	C	JM	319.00	D2392		
03/10/2025	4	MOD		Resin composite 3 surf.post.perm	C	JM	376.00	D2393		
03/10/2025	5	OD		Resin composite 2 surf.post.perm	C	JM	319.00	D2392		
03/10/2025	8	ML		Resin composite 2 surfaces, anterior	C	JM	319.00	D2331		
03/10/2025	9	ML		Resin composite 2 surfaces, anterior	C	JM	319.00	D2331		
03/10/2025	18			Extraction, surgical-erupted tooth	C	JM	427.00	D7210		
03/10/2025	19			Crown Porcelain/ceramic Substr	C	JM	1644.00	D2740		
03/10/2025	20	OD		Resin composite 2 surf.post.perm	C	JM	319.00	D2392		
03/10/2025	29	OD		Resin composite 2 surf.post.perm	C	JM	319.00	D2392		
03/10/2025	31	MO		Resin composite 2 surf.post.perm	C	JM	319.00	D2392		
03/10/2025				Group Note	EC	JM	0.00	~GRP~	Tawni Taulbee	Signed





Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
				ent. Build-up: No Prep, opposing, and buccal bite scanned with Trios scanner #2 and sent to AD lab. Scanned by: Gaby Rodulfo, EFDA, Tawni Taulbee, DA Crown seat same day?: No, temporary made and cemented with temp-bond. Prelims saved? Yes						
				Tooth #18 Surgical extraction, handpiece used and/ or flap reflected. No bone graft placed. 4-0 Chromic gut resorbable sutures placed. Verbal and written post-op instructions were given to patient's spouse. The primary assistant was Alexis Morgan, DA. The assistant passing was Tawni Taulbee, DA						
				The patient has been given prescription(s) for Motrin 800mg, Acetaminophen 500mg, see RX record for details. 						
				Health History Reviewed: Yes, Reviewed with Pt, No changes Next Visit: Obs						

03/10/2025				Lab/Case - Advance Dentistry Dental Lab (513)271-0821 Due Mon 03/04/2025 5:00 PM Sent Digital scans sent for fabrication of Crown: # 19 Use material: Zirconia Use shade: A3.5 Data was scanned into Trios # 2 Scanned by: GR/TLT *#18 was extracted today						
				Thank you!						
03/10/2025				Rx - Ibuprofen 800 mg tablet - #16		JM				
03/10/2025				Rx - Acetaminophen 500 mg capsule - #32		JM				
03/19/2025				Appointment - 12.00 PM Obs						
				1wk obs bbel						
03/19/2025				Office visit for observation	TP	JM	0.00	D-43C		

Medical History

Height: 5'7 Weight: 190

Have you ever had a bad experience in a dental office? Yes No

If yes, please explain: Anxiety

Have you been seen by a physician within the last 12 months? Yes No

Have you ever had a prolonged illness or hospitalization? Yes No

If yes, please explain: _____

Have you ever been told by a physician that you have a heart murmur? Yes No

If yes, please explain: _____

Have you ever had a surgery or radiation therapy? Yes No

If yes, please explain: No issues with sedation. Umbilical hernia repair;00.Spine fusion;21.Appendectomy;95.

Have you ever had an adverse reaction from local anesthesia? Yes No

If yes, please explain: _____

Do you smoke or use smokeless tobacco? Yes No

How many packs per day? Chew 1 can daily

Do you drink alcohol? Yes No

If yes, please explain: Occasional/Daily - how much 2-3 beers 3-4 days/week

Do you have a history or current use of illicit drugs, including Marijuana or narcotics? Yes No

If yes, please explain: Gummy Medical marijuana, nightly.

Women Only:

Are you pregnant? Yes No

Do you take oral contraceptives Yes No

If yes, please indicate type N/A

Allergies

Are you allergic to any foods, clothing or animals? Yes No

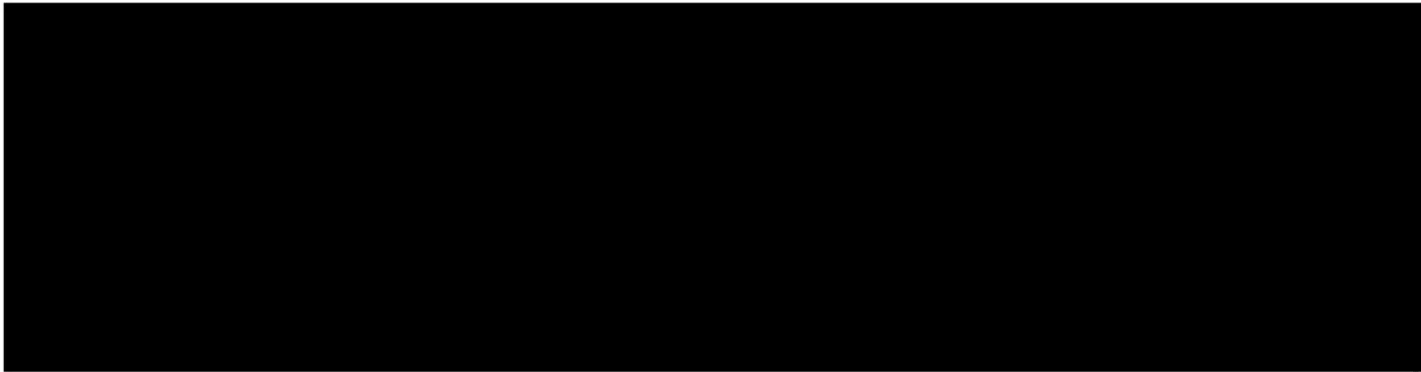
If yes, please explain: _____

Do the following make you ill or are you allergic to?

- | | |
|---|--|
| <input type="checkbox"/> Penicillin or Antibiotics (Please Specify Below) | <input type="checkbox"/> Codeine |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Narcotics (Demerol) |
| <input type="checkbox"/> Sulfa Drugs | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Local Anesthetic | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Other | |

Please list any other:

NKDA



Signature



NKDA

HBP
Anxiety
Wears glasses

stop
take

Medications

<input checked="" type="checkbox"/>	Amlodipine
<input type="checkbox"/>	Metoprolol succinate
<input type="checkbox"/>	Valsartan-hydrochlorothiazide
<input checked="" type="checkbox"/>	Sertraline
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Precautions

Mallampati score :

SPO2 resting :

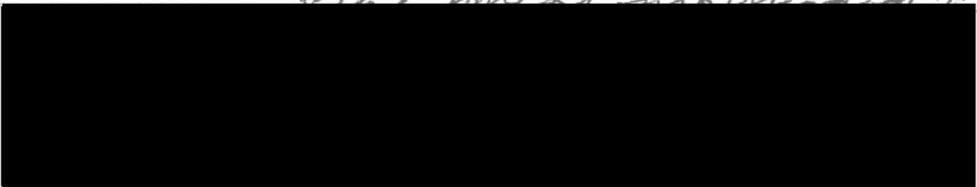
Stress:

Difficult IV access:

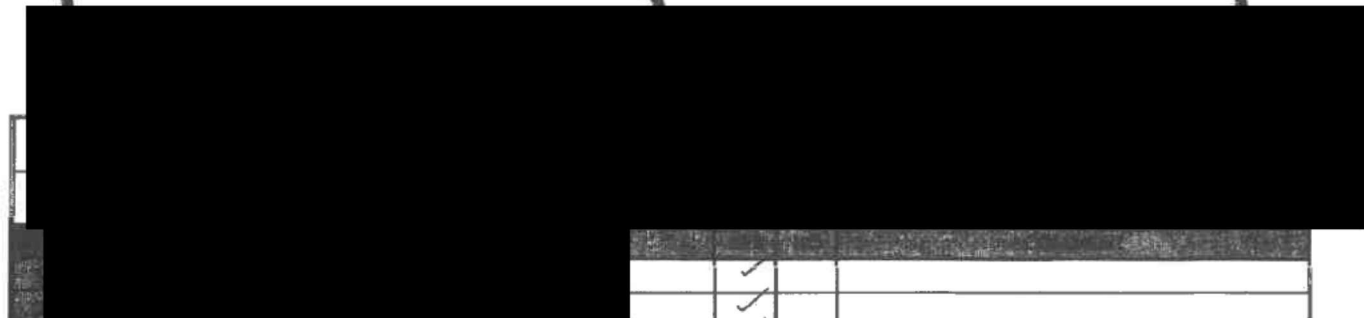
Other issues:

Medication instructions:

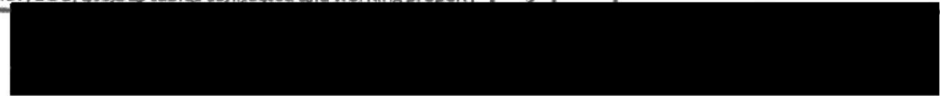
OK to take morning BP meds. Hold
at the bedside ~~at~~ ^{at} treatment

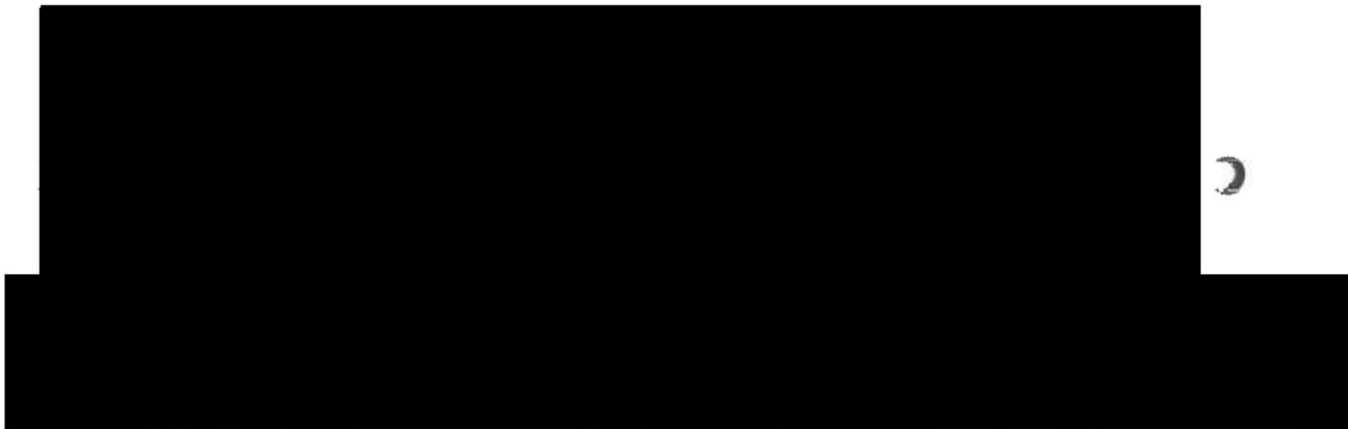


|



		✓	
		✓	
		✓	
Procedures - Length of appointment	EXT, OCT	✓	
Medical history review	Latex allergy	✓	
ASA Classification	II II	✓	
BMI score	24.5	✓	
Mallampati score - Airway assesment	I	✓	
Tonsil score	I	✓	
Pre-medication given			✓
Known Allergies - drug sheet review	Latex	✓	
Techniques to be used, medications	IV sedation versed, fentanyl	✓	
IV needle, difficulty of start	no difficulty	✓	
Consents signed		✓	
Time out will be used/ know discussion points for case		✓	
Neck and orthopedic status		✓	
Other issues/ special needs/ dental issues, dentures/ etc.			✓
NPO status		✓	
Medication reconciliation		✓	
Name and phone number of escort		✓	
Antibiotic prophylaxis needed?	Pen Amox	✓	
Monitors (SaO2, NIBP, ECG, EtCO2) cables connected and working properly		✓	Ris Vt knee replacement





Airway complications		/	
Medications used and dosage	/	/	versed 30mg, Fentanyl 30mcg, Precedex 20mcg, Ketorolac 30mg
Medications discontinued prior to use	/	/	
Anesthesia report complete and signed off	/	/	
Drugs wasted noted and approved	/	/	
Doctor & assistant in procedure	/	/	
Other complications			
a) Nausea/ vomiting		/	
b) IV started		/	
c) Difficulty to sedate		/	
d) Reversal agent needed		/	
Patient Monitoring			
a) Difficulties		/	
b) Printed form needed		/	
Patient Discharge - Status of patient	/	/	
a) Responsible adult	/	/	
b) Verbal and written guidance given with post op instructions	/	/	
c) Patient in mobile condition 3 kind of awareness	/	/	
d) Wheel chair used/mobile? can caregiver handle patient	/	/	



TREATMENT

Restorative

ASA STATUS

1 2 3 4

DIAGNOSIS

Decay

NPO SINCE: 7:30pm

MEDICATIONS

NONE

Klonopin, Estradiol, Duloxetine, Doxepin, Dicyclomine, Famotidine

ALLERGIES

NONE

Latex, Adhesive Tape

~~PREGNANT LMP~~

ANESTHESIA HISTORY

NO SEDATION HISTORY PREVIOUS HISTORY W/O PROBLEMS FAMILY HISTORY

NOTES:

RESPIRATORY

- NONE
- ASTHMA/REACTIVE AIRWAY
- BRONCHITIS
- COPD
- DYSPNEA/ORTHOPNEA
- RECENT URI (UPPER)
- RESPIRATORY INFECTION
- SHORTNESS OF BREATH
- TUBERCULOSIS
- TOBACCO USE
- SLEEP APNEA

CARDIOVASCULAR

- NONE
- ANGINA
- CHF (CONGESTIVE HEART FAILURE)
- HYPERTENSION
- HBP IDP
- MI (MYOCARDIAL INFARCTION)
- MURMUR
- PACEMAKER
- RHEUMATIC FEVER
- CONGENITAL HEART DISEASE
- VALVULAR DISEASE

GI

- NONE
- CIRRHOSIS
- HEPATITIS
- REFLUX
- ULCER
- ESOPHAGEAL DISEASE
- IBS

NEURO

- NONE
- CVA (CEREBROVASCULAR ACCIDENT)
- HEADACHES
- MIGRAINES
- TIA'S (TRANSIENT ISCHEMIC ATTACK)
- SYNCOPE
- MUSCLE WEAKNESS
- SEIZURES

ENDOCRINE/RENAL

- NONE
- DIABETES
- TYPE I TYPE II
- DIALYSIS
- THYROID DISEASE
- RENAL FAILURE

MISC

- NONE
- ANEMIA in past
- ARTHRITIS
- BLEEDING DISORDER
- CANCER
- CHEMOTHERAPY
- DRUG USE/ ETOH USE
- IMMUNOSUPPRESSION
- SICKLE CELL DISEASE/ TRAIT
- RECENT STEROIDS
- MARIJUANA USE
- OTHER Depression, Anxiety
- Knee Replacement

GENERAL WELL DEVELOPED, WELL NOURISHED
AIRWAY GOOD RANGE OF MOTION OF NECK AND JAW
TMJ LIMITED OPENING OR PAIN IN JOINT

5'3" HEIGHT 140 WEIGHT 42 AGE

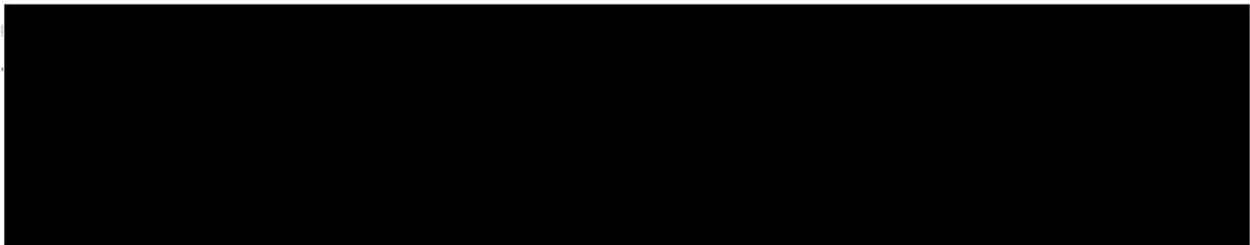
MALLAMPATI CLASS I II III IV V

LUNGS CLEAR TO AUSCULTATION
HEART REGULAR RATE AND RHYTHM

PT/PTT INR
 HGB/HCT PLATLETS
 OBESSE

BLOOD SUGAR PRE-OP/ TIME: _____

BLOOD SUGAR POST-OP/ TIME: _____





Height: 5'3 Weight: 140

Have you ever had a bad experience in a dental office? Yes No

If yes, please explain: Dentists who have just pulled teeth, been talked about in office, painful visits, and I have hi

Have you been seen by a physician within the last 12 months? Yes No

Have you ever had a prolonged illness or hospitalization? Yes No

If yes, please explain: _____

Have you ever been told by a physician that you have a heart murmur? Yes No

If yes, please explain: _____

Have you ever had a surgery or radiation therapy? Yes No

If yes, please explain: No issues with sedation. 2 c-sections. Right total knee replacement; 24. Hysterectomy; 22.

Have you ever had an adverse reaction from local anesthesia? Yes No

If yes, please explain: _____

Do you smoke or use smokeless tobacco? Yes No

How many packs per day? _____

Do you drink alcohol? Yes No

If yes, please explain: Occasional/Daily - how much

Do you have a history or current use of illicit drugs, including Marijuana or narcotics? Yes No

If yes, please explain: _____

Women Only:

Are you pregnant? Yes No

Do you take oral contraceptives Yes No

If yes, please indicate type _____

Allergies

Are you allergic to any foods, clothing or animals? Yes No

If yes, please explain: _____

Do the following make you ill or are you allergic to?

- Penicillin or Antibiotics (Please Specify Below) Codeine
- Barbiturates Narcotics (Demerol)
- Sulfa Drugs Latex
- Local Anesthetic Aspirin
- Other

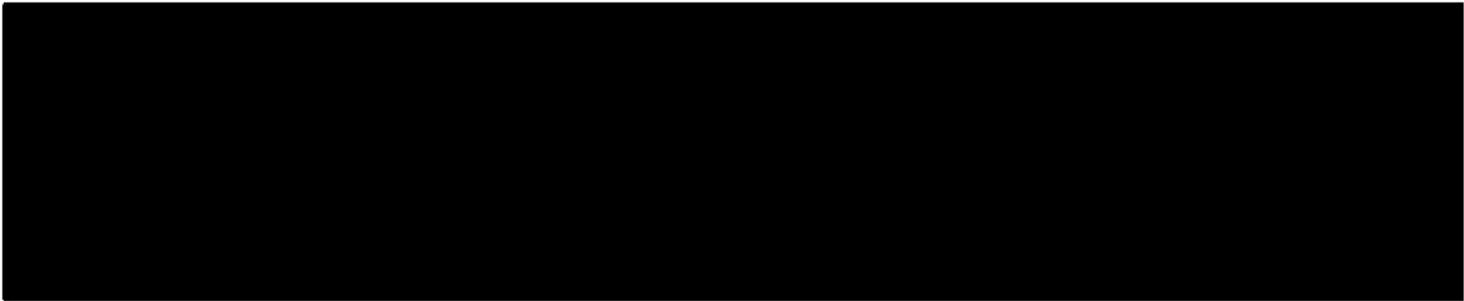
Please list any other:

Latex; Rash.

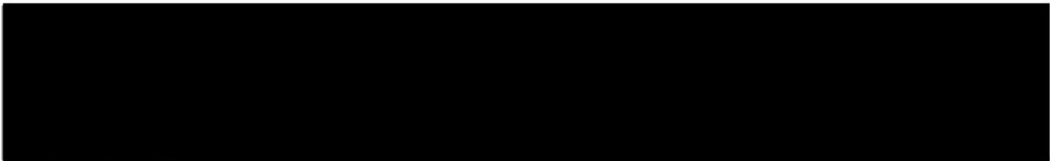
Adhesive tape; Rash/Hives-Use paper tape only

Additional remarks by patient or assistant:

Entered with patient 3/5/25 TLT-BP121/87



Signature



Latex Allergy
Adhesive tape Allergy

LBP
Knee replacement
Depression
Anxiety
IBS

stop
take
Acid reflux
Medications

↑	Klonopin
↑	Estradiol
↑	Duloxetine
↑	Dicyclomine
↑	famotidine

Precautions

Mallampati score :

SPO2 resting :

Stress:

Difficult IV access:

Other issues:

Medication Instructions:

Hold meds morning of treatment



D

Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed		
				Pain in the jaw joint: No Popping or clicking of jaw joint: No Grinding or clenching: Yes both, Day , Night Chew on one side of mouth: Yes right, Due to pain on left Traumatized teeth from occlusion: None General Condition of teeth: Fair Erosion/Recession:14, 21, 29 Loose contacts: 11, 12 Over-hanging margins: None Fractured teeth: None Discolored teeth: Moderate Type of cleaning recommended:Prophy Records taken today: Face picture, Bite photos, Intra-oral photos, 4 bitewings, iCat, PA								
				Remarks: Patient present with pain on #22, broke a month ago;currently has OTC temp material placed. Yes to sedation, patient is very fearful. About 7 years since last dental visit, due to anxiety. Discussed Partials for replacement, patient is interested.								
03/05/2025				Group - HIPAA					Details			
				HIPAA - Charles D. Osborne, D.D.S., D.M.S., F.A.C.D., F.A.C.P.								
03/05/2025				Updated								
03/05/2025				*Patient Registration						Signed		
03/05/2025				*Medical Information Release						Partial		
03/05/2025				*Office Policies						Signed		
03/05/2025				*HIPAA Acknowledgment						Signed		
03/05/2025				*Malpractice Agreement						Partial		
03/11/2025				Appointment - 7:00 AM #22-PVC, #22-P, #22-RtCnThrAn, #31- EXTSimpl, #14-EXTSurg, IVSed<15m, IVEach15m, IVEach15m, IVEach15m IV RCT/PVC Xs Down \$971 (using sunbit in office, already approved) no meds morning of 1wkobs/sr 03/07/25 - Pt conf appt/down/instructions/meds via tele - NCure 3/7/25- Im to conf/down/inst NBraun								
03/11/2025				IV conscious sed/analg-1st15m	C	JM	218.00	D9239				
03/11/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243				
03/11/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243				
03/11/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243				
03/11/2025	14			Extraction, surgical-erupted tooth	C	JM	427.00	D7210				
03/11/2025	22			Crown Porcelain/ceramic Substr	C	JM	1644.00	D2740				
03/11/2025	22			Prefab post&core in add to crn	C	JM	485.00	D2954				
03/11/2025	22			Root canal therapy - anterior	C	JM	1155.00	D3310				
03/11/2025	31			Extraction, simple	C	JM	281.00	D7140				
03/11/2025				Group Note	EC	JM	0.00	~GRP~	Allison Osborne	Signed		

Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
------	----	------	----	-------------	------	------	--------	----------	------	--------



The patient was given 7 carpules of Lidocaine 2% with epinephrine 1:100,000 to achieve satisfactory local anesthesia results. Blood pressure Monitored throughout sedation.

Diagnosis: Symptomatic Irreversible Pulpitis
 Rubber dam placed, accessed tooth #22, Gentle Wave system used: Yes
 WL determined, Filled canals using Kerr Traverse/ Zen Flex system.
 Finished with Traverse Glide Path Size .18 with .06 taper.
 Obturated canals using Gutta Percha and Kerr ZenSeal.
 Post space created in the canal, using Sybron Peerless post drill, cemented with Maxcem Elite Chroma
 Peerless post purple
 Was build up placed: Yes, & 2 pins placed.
 Canal lengths: 22mm.

Diagnosis: Crown prep done today due to broken filling or fractured tooth.
 Tooth #22 prepared for Zirconia crown(s), shade C1. Soft tissue retracted by Knitted retraction cords size 00 and 1, Cord soaked in hemodent.
 Build-up: Yes
 Prep, opposing, and buccal bite scanned with Trios scanner #2 and sent to AD lab.
 Scanned by: Tawni Taulbee, DA
 Crown seat same day?: No, temporary made and cemented with temp-bond.
 Prelims saved? No

Tooth #14 Surgical extraction, handpiece used and/ or flap reflected. No bone graft placed. 4-0 Chromic gut resorbable sutures placed. Verbal and written post-op instructions were given to patient's spouse. The primary assistant was Allison Osborne, CDA. The assistant passing was Tawni Taulbee, DA

Tooth #31 Simple extraction No bone graft placed. No sutures were placed. Verbal and written post-op instructions were given to patient's spouse. The primary assistant was Allison Osborne, CDA. The assistant passing was Tawni Taulbee, DA

The patient has been given prescription(s) for Motrin 800mg, Acetaminophen 500mg see RX record for details.

Assistant Sign-Off: Allison Osborne, CDA
 Provider: Dr. Jordan Mayberry
 Health History Reviewed: Yes, Reviewed with Pt, No changes
 Next Visit: Obs

03/11/2025				LabCase - Advance Dentistry Denia Lab (613)271-0321 Due Tue 03/23/2025 5:00 PM Sent Digital scans sent for fabrication of crown #22 Use material: Zirconia Use shade: C1 Data was scanned into Trios #. 2 Shade photos in SOTA Scanned by: TLT						
				Thank you!						
03/11/2025				Rx - Acetaminophen 500 mg Tablet - #3		JM				
03/11/2025				Rx - ibuprofen 800 mg tablet - #16		JM				
03/20/2025				Appointment - 2:00 PM Obs						
				1wk obs - bbell						
03/20/2025				Office visit for observation	TP	JM	0.00	D9430		
03/20/2025				Office visit for observation	TP	JM	0.00	D9430		

Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
03/05/2025				Try in with Teeth	TP	JM	0.00	N4141		
03/05/2025				Mand Final impression	TP	SS	0.00	N4148		
03/05/2025				Seat partial denture	TP	JM	0.00	N4137		
03/05/2025				Seat partial denture	TP	JM	0.00	N4137		
03/05/2025	7			Crown Seat	TP	JM	0.00	N4118		
03/05/2025	10			Crown Seat	TP	JM	0.00	N4118		
03/05/2025	22			Crown Seat	TP	JM	0.00	N4118		
03/05/2025				FA/CX Policy Signed	C	JM	0.00	D0010		
03/05/2025				Initial exam, xrays, dm's	C	JM	0.00	D0160		
03/05/2025				2D oral/facial photographic image obtained intra-orally or extra-orally	C	JM	0.00	D0350		
03/05/2025				Consultation per session	C	JM	0.00	D9310		
03/05/2025				Group Note	EC	JM	0.00	~GRP~	Tawni Taulbee	Signed

Last dental visit: 6 years ago
 What services were done: Cleaning
 Were your visits regular? No
 Were x-rays taken? No
 Are you in discomfort now? Yes, LL
 Are you missing teeth? Yes
 Are missing teeth replaced by anything? No
 Approximately how long ago were existing partials, dentures, crowns, root
 canals, etc. completed? 8 years ago
 Does food collect between your teeth? No
 Are your teeth sensitive to anything? Yes, Cold, Biting pressure
 How often do you brush your teeth? 2x/day
 Do your gums bleed? Sometimes, While flossing
 Do you have a history of Periodontal (gum) disease? No
 Have you ever had treatment for Periodontal (gum) disease? If so, please
 provide the approximate date & any additional supporting information.
 N/A
 How do you feel about the health of your teeth? They suck.
 How do you feel about the appearance of your teeth/smile? Does not
 smile showing teeth.
 How do you feel about dentures? Open to options.
 Tawni Taulbee, DA

Date of Last Examination: 6 years
 Chief Complaint: Broken teeth, pain, missing teeth.
 Blood Pressure: : 121/87

ORAL CANCER EXAM

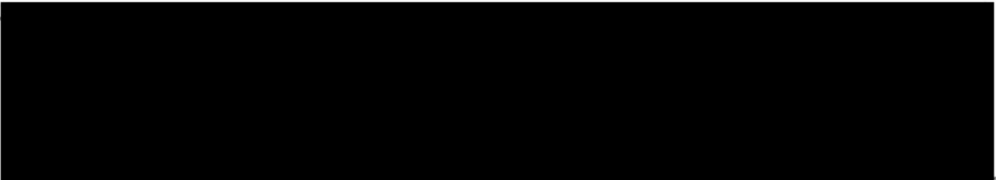
Overall Soft Tissue Evaluation: Fair
 Lips: WNL
 Buccal mucosa: WNL
 Palate: WNL
 Floor of mouth: WNL, Tori
 External skin and throat nodes: WNL
 Throat: WNL
 Tongue: WNL
 Mallampati score: I
 Pericoronitis: None
 Periodontal Screening and Recording (PSR): 433/333
 Oral lesions: WNL

PERIODONTAL EXAM

Frenum: WNL
 Papillae: Red, enlarged, bulbous, non-stippled
 Marginal gingiva: WNL
 Periodontal Classification: Generalized, Gingivitis

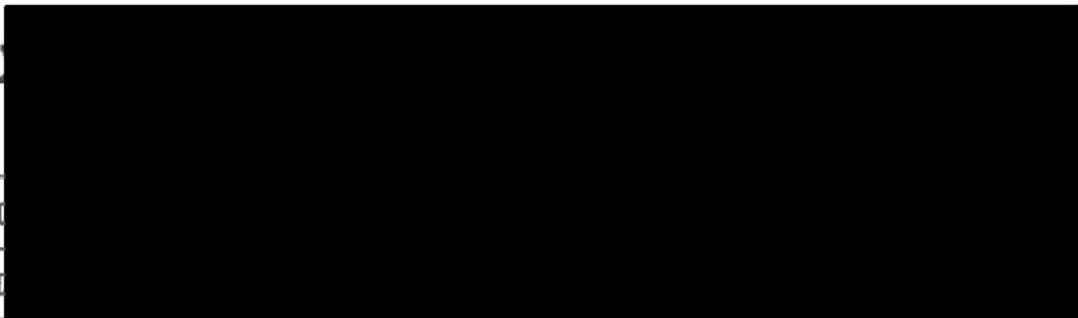
HARD TISSUE EXAM & TEETH EXAM

Rotated teeth: 24, 25
 General Bone Loss: None
 Calculus deposits: Light
 Occlusion: Class I



[Redacted]	✓	
Procedures - Length of appointment	✓	
Medical history review	✓	
ASA Classification	✓	
BMI score	✓	
Mallampati score - Airway assesment	✓	
Tonsil score	✓	
Pre-medication given	✓	✓
Known Allergies - drug sheet review	✓	
Techniques to be used, medications	✓	IV sedation, versed, procelex, fentanyl
IV needle, difficulty of start	✓	
Consents signed	✓	
Time out will be used/ know discussion points for case	✓	
Neck and orthopedic status	✓	
Other issues/ special needs/ dental issues, dentures/ etc.	✓	✓
NPO status	✓	
Medication reconciliation	✓	
Attending Doctor	✓	
Name and phone number of escort	✓	
Antibiotic prophylaxis needed?	✓	✓
Monitors (SaO2, NIBP, ECG, EtCO2) cables connected and working properly	✓	





Airway complications			
Medications used and dosage	✓		versed 8mg, Fentanyl 4mg, Precedex 20mcg
Medications discontinued prior to use	✓		
Anesthesia report complete and signed off	✓		
Drugs wasted noted and approved	✓		
Doctor & assistant in procedure	✓		
Other complications			
a) Nausea/ vomiting	✓		
b) IV started	✓		
c) Difficulty to sedate		✓	wt difficult
d) Reversal agent needed		✓	
Patient Monitoring			
a) Difficulties		✓	
b) Printed form needed		✓	
Patient Discharge - Status of patient			
a) Responsible adult	✓		
b) Verbal and written guidance given with post op instructions	✓		
c) Patient in mobile condition 3 kind of awareness	✓		
d) Wheel chair used/mobile / can care for handle patient	✓		

20mcg
 zotahy
 ketorolac
 8mg



TIME	
O2 L	3
N2O L	
MIDAZOLAM	2.4 2
FENTANYL/DEMOROL	2.4 2
ZOFRAN	4
PHENERGAN	
DEXMEDETOMIDINE	100
LABETALOL	
FLUMAZENIL	
NARCAN	
DEXAMETHASONE	
KETOROLAC	4
LIDOCAINE	4
MEPIVACAINE	280
SEPTOCAINE	
	240
	220
	200
	180
	160
	140
	120
	100
IV SITE:	Left arm
IV NEEDLE:	22g
FLUIDS:	SS 100/500
RR	20
EKG	
TEMP	
ETCO2	
SPO2:	97

1. VERSA 1mg/2mg AO
2. Fentanyl 100mcg/200mcg AO
3. Precedex 10mcg AO
4. Zofran 4mg AO
5. Propofol 30mg AO
6. Lidocaine 4 105 AO

7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

TREATMENT
OPERATIVE:

SURGERY:
#1, 16

DENTIST: Hassan
ASSISTANT: AO
VITALS: LH

ASA CLASS
I. HEALTHY
 SINGLE FACTOR
III. COMPLICATIONS
IV. SEVERE FACTORS
V. MORIBUND

NOTES:

SPO2: 98 P: 85 R: 11 BP: 111/64
REFLEXES: 4+ COMPLICATIONS: none OTHER:
PATIENT DISCHARGED IN good CONDITION TO PATIENT'S CAUT AF

TREATMENT Ext #1,14

ASA STATUS
1 2 3 4

DIAGNOSIS Impacted wisdom

NPO SINCE: 9 AM

MEDICATIONS / NONE

ALLERGIES NONE

Latex

~~///A~~ PREGNANT
LMP

ANESTHESIA HISTORY

NO SEDATION HISTORY / PREVIOUS HISTORY W/O PROBLEMS FAMILY HISTORY

NOTES: Wisdom teeth lower

RESPIRATORY	CARDIOVASCULAR	GI	NEURO	ENDOCRINE/RENAL	MISC
<input type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> NONE
<input type="checkbox"/> ASTHMA/REACTIVE AIRWAY	<input type="checkbox"/> ANGINA	<input type="checkbox"/> CIRRHOSIS	<input type="checkbox"/> CVA (CEREBROVASCULAR	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ANEMIA
<input type="checkbox"/> BRONCHITIS	<input type="checkbox"/> CHF (CONGESTIVE HEART	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> ACCIDENT)	<input type="checkbox"/> TYPE I TYPE II	<input type="checkbox"/> ARTHRITIS
<input type="checkbox"/> COPD	<input type="checkbox"/> FAILURE)	<input type="checkbox"/> REFLUX	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> DIALYSIS	<input type="checkbox"/> BLEEDING DISORDER
<input type="checkbox"/> DYSPNEA/ORTHOPNEA	<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> ULCER	<input type="checkbox"/> MIGRAINES	<input type="checkbox"/> THYROID DISEASE	<input type="checkbox"/> CANCER
<input type="checkbox"/> RECENT URI (UPPER	<input type="checkbox"/> HBP LBP	<input type="checkbox"/> ESOPHAGEAL DISEASE	<input type="checkbox"/> TIA'S (TRANSIENT	<input type="checkbox"/> RENAL FAILURE	<input type="checkbox"/> CHEMOTHERAPY
<input type="checkbox"/> RESPIRATORY INFECTION)	<input type="checkbox"/> MI (MYOCARDIAL INFARCTION)		<input type="checkbox"/> ISCHEMIC ATTACK)		<input type="checkbox"/> DRUG USE/ ETOH USE
<input type="checkbox"/> SHORTNESS OF BREATH	<input type="checkbox"/> MURMUR		<input type="checkbox"/> SYNCOPE		<input type="checkbox"/> IMMUNOSUPPRESSION
<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> PACEMAKER		<input type="checkbox"/> MUSCLE WEAKNESS		<input type="checkbox"/> SICKLE CELL DISEASE/TRAIT
<input checked="" type="checkbox"/> TOBACCO USE vapes	<input type="checkbox"/> RHEUMATIC FEVER		<input type="checkbox"/> SEIZURES		<input type="checkbox"/> RECENT STEROIDS
<input type="checkbox"/> SLEEP APNEA daily	<input type="checkbox"/> CONGENITAL HEART D:SEASE				<input type="checkbox"/> MARIJUANA USE
	<input type="checkbox"/> VALVULAR DISEASE				<input type="checkbox"/> OTHER Latex allergy

GENERAL WELL DEVELOPED, WELL NOURISHED
AIRWAY GOOD RANGE OF MOTION OF NECK AND JAW
TMJ LIMITED OPENING OR PAIN IN JOINT

61 HEIGHT 20 WEIGHT 33 AGE

MALLAMPATI CLASS I @ II IV V

LUNGS CLEAR TO AUSCULTATION
HEART REGULAR RATE AND RHYTHM

PT/TT INR
 HGB/HCT PLATLETS
 OBESSE

BLOOD SUGAR PRE-OP/ TIME: _____

BLOOD SUGAR POST-OP/ TIME: _____



Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
03/11/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243		
03/11/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243		
03/11/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243		
03/11/2025	1			Extraction, simple	C	JM	281.00	D7140		
03/11/2025	16			Extraction, simple	C	JM	281.00	D7140		
03/11/2025				Group Note	EC	JM	0.00	~GRP~	Jordan Mayberry	Signed



The patient was given 4 carpules of Lidocaine 2% with epinephrine 1:100,000 to achieve satisfactory local anesthesia results.
Blood pressure :142/90

Tooth #1, 16 Simple extraction No bone graft placed. No sutures were placed. Verbal and written post-op instructions were given to patient's spouse. The primary assistant was Lynna Horney, DA . The assistant passing was None

03/11/2025				Rx - Acetaminophen 500 mg tablet - #3		JM				
03/11/2025				Rx - Ibuprofen 800 mg tablet - #16		JM				

Height: 6'1 Weight: 210

Have you ever had a bad experience in a dental office? Yes No

If yes, please explain: _____

Have you been seen by a physician within the last 12 months? Yes No

Have you ever had a prolonged illness or hospitalization? Yes No

If yes, please explain: _____

Have you ever been told by a physician that you have a heart murmur? Yes No

If yes, please explain: _____

Have you ever had a surgery or radiation therapy? Yes No

If yes, please explain: No issues with sedation. Wisdom teeth.

Have you ever had an adverse reaction from local anesthesia? Yes No

If yes, please explain: _____

Do you smoke or use smokeless tobacco? Yes No

How many packs per day? Vapes nicotine daily

Do you drink alcohol? Yes No

If yes, please explain: Occasional/Daily - how much 2x Monthly

Do you have a history or current use of illicit drugs, including Marijuana or narcotics? Yes No

If yes, please explain: _____

Women Only:

Are you pregnant? Yes No

Do you take oral contraceptives Yes No

If yes, please indicate type N/A

Allergies

Are you allergic to any foods, clothing or animals? Yes No

If yes, please explain: _____

Do the following make you ill or are you allergic to?

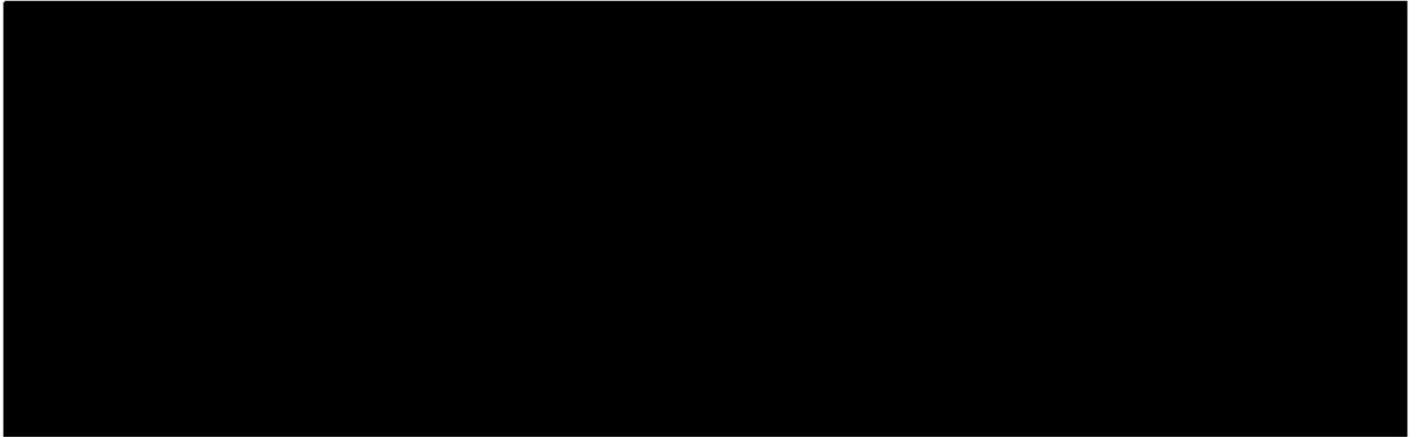
- | | |
|---|--|
| <input type="checkbox"/> Penicillin or Antibiotics (Please Specify Below) | <input type="checkbox"/> Codeine |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Narcotics (Demerol) |
| <input type="checkbox"/> Sulfa Drugs | <input checked="" type="checkbox"/> Latex |
| <input type="checkbox"/> Local Anesthetic | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Other | |

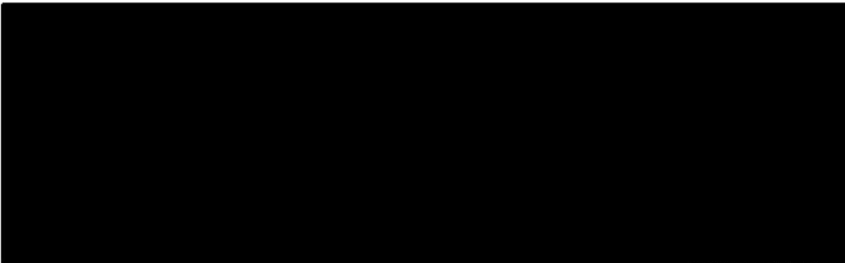
Please list any other:

Latex; Rash

Additional remarks by patient or assistant:

Entered with patient 7/31/24 TLT-BP131/95 Has been taking Ibuprofen for tooth pain.





vapes

latex allergy

stop

take

Medications

2/10/19

Precautions

Mallampati score :

SPO2 resting :

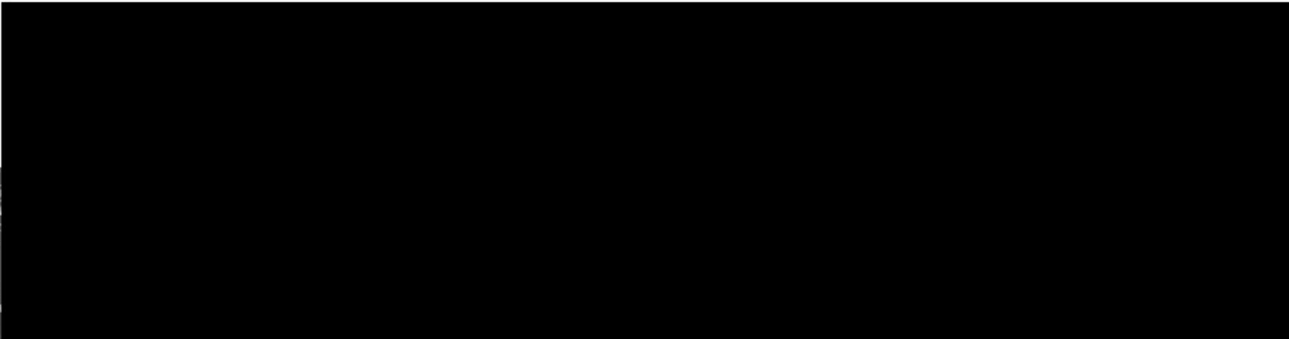
Stress:

Difficult IV access:

Other issues:

Medication instructions:





Airway complications		✓	
Medications used and dosage	✓		versed 22g 20mg Fentanyl premeds 20mg 20mg
Medications discontinued prior to use	✓		
Anesthesia report complete and signed off	✓		
Drugs wasted noted and approved	✓		used 7mg Fentanyl 70mg
Doctor & assistant in procedure	✓		
Other complications			
a) Nausea/ vomiting			✓
b) IV started	✓		
c) Difficulty to sedate			✓
d) Reversal agent needed	✓		large Artistic pt needed more alert to transport
Patient Monitoring			
a) Difficulties			✓
b) Printed form needed			✓
Patient Discharge - Status of patient			
a) Responsible adult	✓		
b) Verbal and written guidance given with post op instructions	✓		
c) Patient in mobile condition 3 kind of awarness	✓		
d) Wheel chair used/mobile / can caregiver handle patient	✓		

20mg 20mg
20mg 20mg
Fentanyl 10mg
24mg

transport
to recovery



TREATMENT: Restorative ASA STATUS: 1 2 3 4

DIAGNOSIS: Decay NPO SINCE: 9pm

MEDICATIONS: NONE
Tentya, Topamax, Abilify

ALLERGIES: NONE ~~PREGNANT LMP~~

ANESTHESIA HISTORY:
NO SEDATION HISTORY PREVIOUS HISTORY W/O PROBLEMS FAMILY HISTORY

NOTES:

RESPIRATORY	CARDIOVASCULAR	GI	NEURO	ENDOCRINE/RENAL	MISC
<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE
<input type="checkbox"/> ASTHMA/REACTIVE AIRWAY	<input type="checkbox"/> ANGINA	<input type="checkbox"/> CIRRHOSIS	<input type="checkbox"/> CVA (CEREBROVASCULAR ACCIDENT)	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ANEMIA
<input type="checkbox"/> BRONCHITIS	<input type="checkbox"/> CHF (CONGESTIVE HEART FAILURE)	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> TYPE I TYPE II	<input checked="" type="checkbox"/> ARTHRITIS
<input type="checkbox"/> COPD	<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> REFLUX	<input type="checkbox"/> MIGRAINES	<input type="checkbox"/> DIALYSIS	<input type="checkbox"/> BLEEDING DISORDER
<input type="checkbox"/> DYSPNEA/ORTHOPNEA	<input type="checkbox"/> HBP LBP	<input type="checkbox"/> ULCER	<input type="checkbox"/> TMS (TRANSIENT ISCHEMIC ATTACK)	<input type="checkbox"/> THYROID DISEASE	<input type="checkbox"/> CANCER
<input type="checkbox"/> RECENT URI (UPPER RESPIRATORY INFECTION)	<input type="checkbox"/> MI (MYOCARDIAL INFARCTION)	<input type="checkbox"/> ESOPHAGEAL DISEASE	<input type="checkbox"/> SYNCOPE	<input type="checkbox"/> RENAL FAILURE	<input type="checkbox"/> CHEMOTHERAPY
<input type="checkbox"/> SHORTNESS OF BREATH	<input type="checkbox"/> MURMUR		<input type="checkbox"/> MUSCLE WEAKNESS		<input type="checkbox"/> DRUG USE/ETOH USE
<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> PACEMAKER		<input type="checkbox"/> SEIZURES		<input type="checkbox"/> IMMUNOSUPPRESSION
<input type="checkbox"/> TOBACCO USE	<input type="checkbox"/> RHEUMATIC FEVER				<input type="checkbox"/> SICKLE CELL DISEASE/ TRAIT
<input type="checkbox"/> SLEEP APNEA	<input type="checkbox"/> CONGENITAL HEART DISEASE				<input type="checkbox"/> RECENT STEROIDS
	<input type="checkbox"/> VALVULAR DISEASE				<input type="checkbox"/> MARIJUANA USE
					<input checked="" type="checkbox"/> OTHER <u>Autism</u>
					<input checked="" type="checkbox"/> <u>Psoriasis</u>

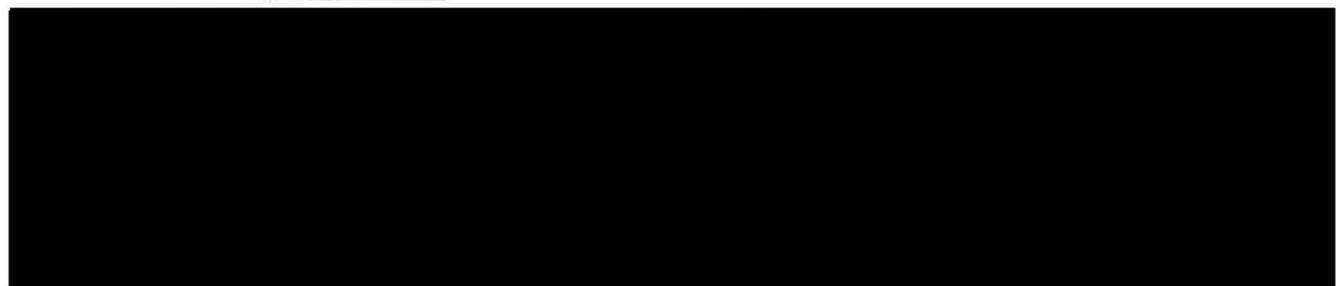
GENERAL WELL DEVELOPED, WELL NOURISHED
AIRWAY GOOD RANGE OF MOTION OF NECK AND JAW
TMJ LIMITED OPENING OR PAIN IN JOINT

162 HEIGHT 320 WEIGHT 37 AGE
MALLAMPATI CLASS IV

LUNGS CLEAR TO AUSCULTATION
HEART REGULAR RATE AND RHYTHM

PT/PTT INR
 HGB/HCT PLATELETS
 OBESE

BLOOD SUGAR PRE-OP/ TIME: _____
BLOOD SUGAR POST-OP/ TIME: _____



TIME	
O2 L	
N2O L	
MIDAZOLAM	
FENTANYL/DEMEROL	
ZOFRAN	
PHENERGAN	
DEXMEDETOMIDINE	
LABETALOL	
FLUMAZENIL	2
NARCAN	
DEXAMETHASONE	
KETOROLAC	
LIDOCAINE	
MEPIVACAINE	250
SEPTOCAINE	
	240
	220
	200
	180
	160
	140
	120
IV SITE:	100
	80
IV NEEDLE:	60
	40
FLUIDS:	20
RR	
EKG	
TEMP	
ETCO2	
SPO2:	99 97
NOTES:	

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

TREATMENT
OPERATIVE:

SURGERY:

DE
AS
VIT

- I. HEALTHY
- II. SINGLE FACTOR
- III. COMPLICATIONS
- IV. SEVERE FACTORS
- V. MORIBUND

SPO2: _____ P: _____ R: _____ BP: _____



ANESTHESIA EVALUATION

NAME: _____ DATE: _____

TREATMENT		ASA STATUS 1 2 3 4	
DIAGNOSIS		NPO SINCE: _____	
MEDICATIONS _____ NONE			
ALLERGIES _____ NONE		_____ PREGNANT _____ LMP	
ANESTHESIA HISTORY			
_____ NO SEDATION HISTORY _____ PREVIOUS HISTORY W/O PROBLEMS _____ FAMILY HISTORY			
NOTES:			
RESPIRATORY	CARDIOVASCULAR	GI	NEURO
_____ NONE _____ ASTHMA/REACTIVE AIRWAY _____ BRONCHITIS _____ COPD _____ DYSPNEA/ORTHOPNEA _____ RECENT URI (UPPER RESPIRATORY INFECTION) _____ SHORTNESS OF BREATH _____ TUBERCULOSIS _____ TOBACCO USE _____ SLEEP APNEA	_____ NONE _____ ANGINA _____ CHF (CONGESTIVE HEART FAILURE) _____ HYPERTENSION _____ HBP _____ LBP _____ MI (MYOCARDIAL INFARCTION) _____ MURMUR _____ PACEMAKER _____ RHEUMATIC FEVER _____ CONGENITAL HEART DISEASE _____ VALVULAR DISEASE	_____ NONE _____ CIRRHOSIS _____ HEPATITIS _____ REFLUX _____ ULCER _____ ESOPHAGEAL DISEASE	_____ NONE _____ SEIZURE (CEREBROVASCULAR ACCIDENT) _____ HEADACHES _____ MIGRAINES _____ TICS (TRANSIENT ISCHEMIC ATTACK) _____ SYNCOPE _____ MUSCLE WEAKNESS _____ SEIZURES
ENDOCRINE/RENAL		MISC	
_____ NONE _____ DIABETES _____ TYPE I _____ TYPE II _____ DIALYSIS _____ THYROID DISEASE _____ RENAL FAILURE		_____ NONE _____ ANEMIA _____ ARTHRITIS _____ BLEEDING DISORDER _____ CANCER _____ CHEMOTHERAPY _____ DRUG USE/ ETOH USE _____ IMMUNOSUPPRESSION _____ SICKLE CELL DISEASE/ TRAIT _____ RECENT STEROIDS _____ MARIJUANA USE _____ OTHER	

GENERAL _____ WELL DEVELOPED, WELL NOURISHED
 AIRWAY _____ GOOD RANGE OF MOTION OF NECK AND JAW
 TMJ _____ LIMITED OPENING OR PAIN IN JOINT

_____ HEIGHT _____ WEIGHT _____ AGE
 MALLAMPATI CLASS I II III IV V

LUNGS _____ CLEAR TO AUSCULTATION
 HEART _____ REGULAR RATE AND RHYTHM

_____ PT/APTT _____ INR
 _____ HGB/HCT _____ PLATELETS
 _____ OBESSE

BLOOD SUGAR PRE-OP/ TIME: _____
 BLOOD SUGAR POST-OP/ TIME: _____

NOTES: _____

PROVIDER SIGNATURE: _____ DATE: _____

Have you ever had a bad experience in a dental office? Yes No

If yes, please explain: RCT painful.

Have you been seen by a physician within the last 12 months? Yes No

Have you ever had a prolonged illness or hospitalization? Yes No

If yes, please explain: _____

Have you ever been told by a physician that you have a heart murmur? Yes No

If yes, please explain: _____

Have you ever had a surgery or radiation therapy? Yes No

If yes, please explain: No issues with sedation. Wisdom teeth;06. Hernia/belly button removed;19.

Have you ever had an adverse reaction from local anesthesia? Yes No

If yes, please explain: _____

Do you smoke or use smokeless tobacco? Yes No

How many packs per day? _____

Do you drink alcohol? Yes No

If yes, please explain: Occasional/Daily - how much _____

Do you have a history or current use of illicit drugs, including Marijuana or narcotics? Yes No

If yes, please explain: _____

Women Only:

Are you pregnant? Yes No

Do you take oral contraceptives Yes No

If yes, please indicate type _____

Allergies

Are you allergic to any foods, clothing or animals? Yes No

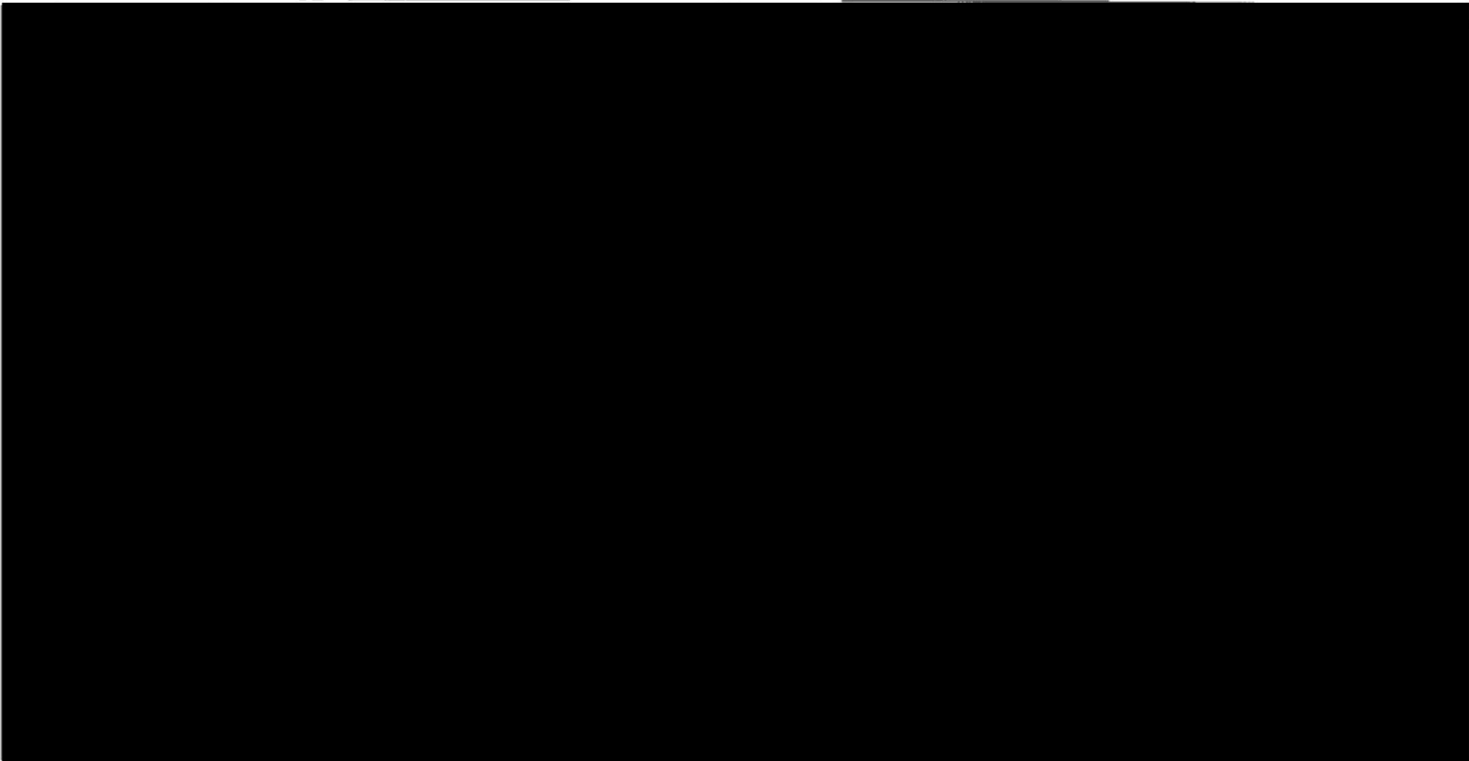
If yes, please explain: _____

Do the following make you ill or are you allergic to?

- | | |
|---|--|
| <input type="checkbox"/> Penicillin or Antibiotics (Please Specify Below) | <input type="checkbox"/> Codeine |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Narcotics (Demerol) |
| <input type="checkbox"/> Sulfa Drugs | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Local Anesthetic | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Other | |

Please list any other:

NKDA



Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed	
<p>the mother would like his treatment moved up to an earlier date if possible. Sent JJamison an email to give the mom a call back. NBraun</p>											
03/07/2025				Rx - Acetaminophen 500 mg tablet - #3		JM					
03/07/2025				Rx - Ibuprofen 500 mg tablet - #16		JM					
03/12/2025				Appointment - 7:00 AM #11-DL-CM. #3-MO-CM, #31-MO-CM. #4-MOD-CM, #12-MOD-CM, #13-MOD -CM, #14-MOD-CM. #15-EXTSurg. IVSed<15m. IVEach15m. IVEach15m, IVEach15m. IVEach15m. IVEach15m							
<p>arrived 648 IV CMs X Diff Px **pt mom requested date** Down \$4358 + \$1 bal no meds morning of</p>											
<p>03/10/25 - Pt's mother conf appt/down/meds/instructions via tele - NCure</p>											
03/12/2025				Appointment - 10:00 AM FLVrnsh, Pchart, DiffPX							
<p>03/10/25 - Pt's mother conf appt - NCure</p>											
03/12/2025	3	MO		Resin composite 2 surf.post.perm	TP	JM	319.00	D2392			
03/12/2025	4	MOD		Resin composite 3 surf.post.perm	TP	JM	376.00	D2393			
03/12/2025	31	MO		Resin composite 2 surf.post.perm	TP	JM	319.00	D2392			
03/12/2025				Topical fluoride varnish	C	Open Provider	0.00	D1206			
03/12/2025				Periodonal Charting	C	MW	0.00	D4111			
03/12/2025				Scale gingival inflm full mouth	C	MW	162.00	D4346			
03/12/2025				IV conscious sed/analg-1st15m	C	JM	218.00	D9239			
03/12/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243			
03/12/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243			
03/12/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243			
03/12/2025				Intravn cons sed/analg 15 min	C	JM	218.00	D9243			
03/12/2025	11	DL		Resin composite 2 surfaces, anterior	C	JM	319.00	D2331			
03/12/2025	12	MOD		Resin composite 3 surf.post.perm	C	JM	376.00	D2393			
03/12/2025	13	MOD		Resin composite 3 surf.post.perm	C	JM	376.00	D2393			
03/12/2025	14	MOD		Resin composite 3 surf.post.perm	C	JM	376.00	D2393			
03/12/2025	15			Extraction, surgical-erupted tooth	C	JM	427.00	D7210			
03/12/2025				Group Note	EC	MW	0.00	~GRP~	Megan Wolf	Signed	



Chief complaint? None

~Heavy generalized bleeding. Pt was in IV sed today.

03/12/2025				Group Note	EC	JM	0.00	~GRP~	Vibha Rao	
------------	--	--	--	------------	----	----	------	-------	-----------	--

Patient's medical history verified, and conscious anesthesia used.
 IV was started in the Right antecubital fossa using 5% Dextrose in 1000cc



NKDA

Psoriasis
Autism
glasses

stop
take

Medications

tempra
topamax
Ability

Precautions

Mallampati score :

SPO2 resting : Stress:

Difficult IV access:

Other issues:

Medication instructions:

Hold meds morning of treatment





Date	Th	Surf	Dx	Description	Stat	Prov	Amount	ADA Code	User	Signed
------	----	------	----	-------------	------	------	--------	----------	------	--------

lactated ringer solution for IV drip.
 Medications used: Versed (Midazolam), Fentanyl, Precedex (Dexmedetomidine), Zofran (Ondansetron), Flumazenil, Ketorolac
 The patient was continuously monitored by a dental assistant and the EKG monitor prior to, throughout, and during recovery. Sedation details noted on patient's vitals monitoring sheet.
 Patient was picked up for dismissal by: Parent/guardian



The patient was given 4 carpules of Lidocaine 2% with epinephrine 1:100,000 to achieve satisfactory local anesthesia results.
 Blood pressure Monitored throughout sedation.

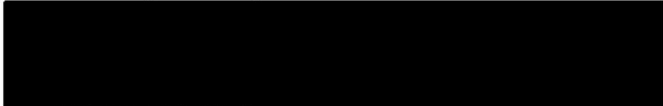
Tooth # 10, 11, 12, 13, 14 filled using SimpliShade Universal composite. Shade Dark. Products used: Gel etchant on tooth #10, 11, 12. Occlusion adjusted and restoration polished. Were fillings placed by an EFDA? Yes,



Tooth #15 Surgical extraction, handpiece used and/ or flap reflected. No bone graft placed. No sutures were placed. Verbal and written post-op instructions were given to patient's parent/guardian. The primary assistant was Vibha Rao, DA. The assistant passing was Tawni Taulbee, DA

** Composite on #3, #4, and #31 were not completed due to it being a long appt for Pt. to sit through, so fillings on the right side will be done at next appt.

The patient has been given prescription(s) for Motrin 800mg, Acetaminophen 500mg see RX record for details.



03/12/2025				Rx - Acetaminophen 500 mg tablet - #3		JM				
03/12/2025				Rx - Ibuprofen 800 mg tablet - #6		JM				

Public Comment

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD TELECONFERENCE MEETING
ANESTHESIA COMMITTEE
WEDNESDAY, APRIL 30, 2025

6:00 P.M.

PUBLIC COMMENT BOOK



April 29, 2025

VIA EMAIL

Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy, Ste. 104
Henderson, NV 89014
nsbde@dental.nv.gov

Re: Public Comment on behalf of Vesper Institute, LLC to the
Nevada State Board of Dental Examiners

Meeting Date & Time: Wednesday, April 30, 2025 at 6:00 p.m. P.S.T.

Dear Board Members:

I write on behalf of Vesper Institute, LLC (“Vesper”) in advance of the public meeting of the Nevada State Board of Dental Examiners (“Board”), scheduled for tomorrow, April 30, 2025. This letter constitutes Vesper’s written public comment for tomorrow’s public meeting regarding New Business Item 4.b (“Review, Discussion and Possible Recommendation of the Appropriate Medications and Dosages for Moderate Sedation to the Board – NRS 631.190, NAC 631.030, NAC 631.033, NAC 631.035 (For Possible Action)”). Please include this letter in the record.

By way of background, Vesper is a nationally recognized provider of dental education and clinical training in intravenous moderate sedation based in Cincinnati, Ohio. Vesper’s team has decades of experience leading the industry in IV sedation, and is dedicated to providing leading-edge, world-class clinical education on dental IV sedation throughout the country.

Just recently, Vesper received a copy of a letter from the Board, dated April 9, 2025, to Dr. Loron Neil, DDS, regarding his application for a Moderate Sedation Permit.¹ Dr. Neil recently attended a training program presented by Vesper—which the Board approved last year after an extensive review process. However, in the April 9, 2025 letter, the Board referenced certain unidentified “concerns raised by the Board about [Vesper’s] training program and the level of drugs administered in the training records[.]” (*Id.*) The letter states, “The Board’s concern stems from the high dosages and drug combinations shown in [Vesper’s] training and submitted sedation records[.]” and then claims that “[t]hese dosages exceed the typical Moderate Sedation parameters and may unintentionally induce General Anesthesia, which is beyond the scope of your permit and

¹ A copy of the Board’s April 9, 2025 letter is attached hereto as **Exhibit A**

poses risks to patient safety.” (*Id.*) The letter continues by stating, “[a]lthough [Vesper’s] course . . . was previously approved, the Board will re-evaluate its status to determine whether it continues to meet Nevada’s safety standards.” (*Id.*) The letter concludes with an open invitation to “contact our office if you have any questions or need clarification. We appreciate your cooperation as we address these serious concerns.” (*Id.*) Vesper is aware of at least one other doctor who received a similar response from the Board after completing Vesper’s training program.

The statements raised in the Board’s April 9, 2025 letter—which also appear to be the subject of New Business Item 4.b for tomorrow’s meeting—are both surprising and troubling to Vesper.

First, at no point in time has anyone from the Board ever contacted Vesper to express any of these purported concerns. Instead, Vesper had to learn this for the first time from one of its trainee attendees, Dr. Neil, who was similarly confused by the letter and the statements therein. If the Board now has concerns about Vesper’s training program, the Board should first raise them directly with Vesper so that Vesper may have the chance to work cooperatively with the Board to address them. But it is improper for the Board to deny or delay recognition of Vesper’s Board-approved training program based on unidentified concerns—or take any possible adverse action against Vesper’s previously-approved training program during tomorrow’s public meeting—without ever first giving Vesper any notice or opportunity to address and resolve those purported concerns.

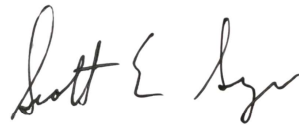
Second, the purported concerns are also inconsistent with the Board’s prior approval of the training program. Again, as acknowledged in the April 9, 2025 letter, the Board approved Vesper’s training program last year after an extensive review process—and nothing about the program or its content has changed since then. In fact, Vesper’s training program substantially exceeds the standards outlined in the *2016 ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists*, including comprehensive pharmacologic instruction, airway management, and live-patient case exposure that consistently exceeds 75 hours in duration. Moreover, Vesper’s training program also substantially exceeds the standards adhered to in other Board-approved training programs offered by other providers. It is unclear why Vesper’s program has apparently been singled-out by the Board as “pos[ing] risks to patient safety[.]” when the safety standards in Vesper’s program far exceed those set forth in the ADA Guidelines or used by other providers in their Board-approved training programs.

It remains Vesper’s desire to work amicably, cooperatively, and in good faith with Board to resolve any concerns that the Board might have regarding Vesper’s training program. At this time, the Board has not provided Vesper with any information or details regarding its purported concerns—let alone given Vesper any notice or opportunity to substantively engage with the Board regarding those concerns. For instance, the Board has not told Vesper what “high dosages and drug combinations” are being referenced in the letter as causing concern for the Board, or the reasons why the Board believes those dosages and drug combinations pose a danger to patient safety, or the standards being applied for sedation training programs (such as the “Moderate Sedation” parameters referenced in the April 9, 2025 letter). With this additional clarification, Vesper would welcome the opportunity to meet with the Board (or a designated representative for the Board) for a substantive discussion to hopefully resolve the Board’s concerns.

Therefore, Vesper respectfully requests that the Board not take any possible action during tomorrow's meeting regarding Vesper's training program. Vesper asks that the Board first provide Vesper the requested clarification regarding its concerns (as offered in the Board's April 9, 2025 letter) and allow Vesper the chance to substantively address those purported concerns before taking any possible action regarding Vesper's program.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott E. Sayre". The signature is written in a cursive style with a large initial 'S' and a distinct 'E'.

Scott E Sayre, DDS, MBA, MAS
Clinical Director, Vesper Institute