TABLE OF CONTENTS

270-X-2-.01 Education Requirements For Examination-Dentists
270-X-2-.02 Applications For Dental License, Qualifications Of Applicants And Licensing Of Persons Licensed In Other States
270-X-2-.03 Licensure Of Foreign Graduates
270-X-2-.04 Fees For Licensure Applicants
270-X-2-.05 Examination Rules And Issuance Of Licenses
270-X-2-.06 Replacement And/Or Duplicate Certificate
270-X-2-.07 Annual Registration For Dentists
270-X-2-.08 Grounds For Disciplinary Action Pertaining To Dental License
270-X-2-.09 Change Of Address Of Licensed Dentists
270-X-2-.10 Teaching/Special Teaching Permits
270-X-2-.11 Alabama Uniform Controlled Substances Act
270-X-2-.12 Maintenance Of Controlled Substances Records And Inventory
270-X-2-.13 Statement Of Charges And Notice Of Hearing Before Imposition Of Disciplinary Penalties
270-X-2-.14 Change Of Name On License Certificates (Repealed 1/20/09)
270-X-2-.15 Standards For Infection Control In Dental Offices
270-X-2-.16 Training And Educational Requirements For The Use Of Parenteral Sedation
270-X-2-.17 Criteria For On-Site Inspection For The Use Of General Anesthesia And Parenteral Sedation
270-X-2-.18 The Practice Of Dentistry Across State Lines
270-X-2-.19 Licensure By Credentials
270-X-2-.20 Reporting Of Adverse Occurrences
270-X-2-.21 Oral Conscious Sedation
270-X-2-.22 Patient Records

270-X-2-.01 Education Requirements For Examination-Dentists.

   (1)  Pre-Dental. A minimum of three (3) years academic study of ninety (90) semester hours or its equivalent. This will include a minimum of:

     Biology.........................................................8 hours  
     Chemistry......................................................16 hours  
     Physics............................................................8 hours  
     Mathematics.....................................................6 hours  
     Non-Science..................................................30 hours  
     (12 of which must be English or its equivalent)

   (2)  Must be a graduate of a school or college of dentistry approved by the Board.

   (3)  Must successfully complete the National Dental Board Examination Parts one (1) and two (2) administered by the Joint Commission on National Dental Examinations.

   (4)  A person's failure to satisfy subsection (1) above shall not prevent that person from taking the dental licensure examination provided for in the Alabama Dental Practice Act, Code of Ala. 1975, §34-9-1, et seq., provided that person has satisfied the requirements of subsection (2) above.

Author: James S. Ward

270-X-2-.02 Applications For Dental License, Qualifications Of Applicants And Licensing Of Persons Licensed In Other States.

   (1)  All applicants for dental examination must file his/her application, giving first, middle and last name, and all credentials pertaining to the examination, along with examination fee and certificate fee in an amount set forth in Code of Ala. 1975, §34-9-16, with the secretary-treasurer not less than thirty (30) days prior to the date of the examination.
Applications not complete with all credentials or received after the closing dates will be returned or rejected.

Fees are not refundable.

All applicants for licensure shall also comply with the provisions of Code of Ala. 1975, §34-9-10.

Definitions:

(a) GRADUATE OF A FOREIGN DENTAL SCHOOL shall mean any person of good moral character, nineteen (19) years of age or more, who has been graduated and admitted to the degree of doctor of dental surgery, doctor of dental medicine, or other equivalent degree by any university or college authorized to grant said degree located in any country other than the United States, its territories, districts, or possessions, or the Dominion of Canada.

(b) APPLICANT shall mean any person applying for licensure pursuant to the provisions of this rule and of any applicable provisions contained in Code of Ala. 1975, §34-9-1, et seq.

(c) BOARD shall mean the Board of Dental Examiners of Alabama.

Requirements for Licensure. In addition to meeting the requirements set forth in Code of Ala. 1975, §34-9-10, with respect to moral character, age, and graduation, the applicants shall submit the following credentials to the Board:

(a) An application, completed and verified by the oath of the applicant, upon such form as the Board deems appropriate, accompanied by a recent un-mounted autographed photograph of the applicant.
(b) Evidence satisfactory to the Board that the applicant has completed at least three (3) years of pre-professional post-secondary academic training and four (4) years of professional training in the field of dentistry.

(c) At least two (2) academic years of formal clinical training in a United States or Canadian accredited institution and the awarding or receiving of a D.M.D. or D.D.S. degree from said United States or Canadian accredited institution shall be required.

(d) A copy of the degree or diploma issued to the applicant by the college or university conferring the same, properly authenticated by an official of said college or university authorized to make such authentication.

(e) A copy of the subjects taken and the credits earned by the applicant and his/her courses at such college or university, duly authenticated by an official of said college or university authorized to make such authentication.

(f) In the event that the degree, diploma, or transcript required be furnished the Board hereunder such will be in a language other than the English language, each such document shall be accompanied by a translation thereof into the English language, which such translation shall be certified by an officer or other individual acceptable to the Board.

(g) Some form of documentation, duly and properly authenticated by an official authorized to make such authentication, that the applicant has completed at least two (2) academic years of formal training in a United States or Canadian accredited institution and has received a D.M.D. or D.D.S. degree from said United States or Canadian accredited institution.

(h) Two (2) letters of recommendation written by persons acceptable to the Board which shall certify to the Board the good moral character of the applicant and his/her age, qualifications, background, and experience, if any.

(3) Reciprocity. In the event that the applicant has been tested, licensed, or qualified in some other state of the United States or its districts, territories, or possessions, the Board may, but shall not be obligated to, accept the pretesting credentials and evidence submitted to such other states provided that such credentials and pretesting meet the minimum standards of the Board as set forth in this rule and by law.
(4) **Fees.** An applicant shall submit to the Board with his/her application a fee to be determined by the Board within the limits set by law.

(5) **Time Limitations.** An applicant shall take the Board's regular examination within one (1) year of the time that he/she has made application to the Board and satisfactorily completed the pre-examination requirements set forth in this rule; otherwise, his/her application and any other requirements that he/she has failed to meet shall be deemed to be lapsed and void.

**Author:** James S. Ward  
**History:** Filed September 28, 1982. **Amended:** Filed February 22, 2012; effective March 28, 2012.

### 270-X-2-.04 Fees For Licensure Applicants.

(1) Fees are not refundable at the discretion of the Board.

(2) Examination fees are to be determined by the Board.

**Author:** James S. Ward  

### 270-X-2-.05 Examination Rules And Issuance Of Licenses.

(1) No person other than Examiners and applicants for licensure shall be present in the rooms when and where examinations, either written, clinical or laboratory procedures are being conducted except by permission of examiner in charge.

(2) Any applicant found guilty of receiving or giving aid during the theoretical, operative, clinical, or prosthetic laboratory examination will be dismissed. Dismissal will constitute a failure.

(3) No smoking is allowed during examinations.
Chapter 270-X-2  Dental Examiners

(4) Examination paper will be furnished by the Board. No other paper of any kind, or textbooks, will be allowed in the examination room unless approved by the examiner in charge.

(5) All written examinations must be written in the English language.

(6) Board members are not permitted to interview applicants who have failed the examination. All such matters shall be directed to the secretary-treasurer in writing by the applicant.

(7) Board members are not permitted to disclose grades made by any applicant to anyone other than the applicant.

(8) When an applicant for licensure successfully passes the written or clinical examination, that passing grade shall carry over and be valid only until the next available examination.

(9) In addition, examinations shall be conducted and licenses issued in compliance with Code of Ala. 1975, §34-9-11.

Author: James S. Ward


270-X-2-.06 Replacement And/Or Duplicate Certificate.

(1) Replacement

(a) Replacement certificate must be requested in writing. The request for replacement must include the reason for request.

(b) Replacement certificate must be marked "replacement certificate."

(c) Replacement certificate should contain date that original certificate was issued and must be signed by the entire Board and contain the date the duplicate is issued.
(d) Fee to be set by the Board.

(2) Change of name on license certificate

(a) Any individual desiring a change of name on their certificate must notify the Board in writing and enclose the following.

1. The reason for the name change (i.e. the legal document used to change the name)

2. Original license certificate, if available

3. Fee to be set by the Board

(b) The original license certificate will be destroyed upon issuance of a new certificate so marked as “change of name certificate”.

(3) Duplicate certificate.

(a) Any licensee requesting a duplicate certificate must notify the Board in writing and enclose the following:

1. The reason they are requesting a duplicate certificate and where it will be held.

2. Fee to be set by the Board.

Author: James S. Ward


270-X-2-.07 Annual Registration For Dentists.

(1) The Secretary-Treasurer of the Board shall furnish to each such licensee, on or before September 1st of each year, a registration form which contains space for the insertion of his/her name, address, date and number of his/her license certificate and such other information as the Board shall deem necessary.

(2) On or before the first day of October of each year, every dentist licensed to practice in the State of Alabama shall transmit to the Secretary of the Board the completed form
Chapter 270-X-2  Dental Examiners

prescribed by the Board, together with the annual registration fee.

(3) Any license and license certificate previously granted shall automatically be suspended if the holder fails to secure the annual registration certificate before January 1st of each year.

(a) The annual registration fee for the dentists shall be in an amount fixed by the Board.

(4) Any dentist whose license shall be automatically suspended for reason of failure, neglect or refusal to secure the annual registration certificate shall be reinstated by the Board upon payment of a penalty fee as determined by the Board plus all accrued annual registration fees up to a maximum of five (5) years accompanied with the prescribed form of annual registration of such license.

(5) The Board shall waive the annual payment of fees and issue a current annual registration certificate to any licensee who because of age or physical disability has retired from the practice of dentistry or who is suffering a malady of a lingering or permanent nature. This waiver shall be effective so long as the retirement or these conditions continue. The licensee shall provide any documentation required by the Board to establish eligibility for this waiver. The Board shall also waive annual registration and the payment of annual fees while any licensee is on temporary active duty with any of the armed forces of the United States and the waiver of fees shall be effective so long as temporary active duty continues. For purposes of this rule, temporary active duty shall not exceed three (3) years.

(6) All licensed dentists shall also comply with the provisions of Code of Ala. 1975, §34-9-15.

Author: James S. Ward


270-X-2-.08  Grounds For Disciplinary Action Pertaining To Dental License. The Board may refuse to issue the license or

Author: James S. Ward

270-X-2-.09 Change Of Address Of Licensed Dentists. All licensed dentists upon changing his/her place of practice shall comply with Code of Ala. 1975, §34-9-14.

Author: James S. Ward

270-X-2-.10 Teaching/Special Teaching Permits.
Teaching/Special Teaching permits shall only be issued in compliance with Code of Ala. 1975, §34-9-8.

Author: James S. Ward

270-X-2-.11 Alabama Uniform Controlled Substances Act.

(1) Pursuant to the Alabama Uniform Controlled Substances Act, specifically, Code of Alabama 1975; 20-2-50 and 20-2-52, it shall be necessary for all licensed dentists and dentists who are issued special teaching permits who dispense, administer, prescribe, maintain or otherwise have in their possession controlled substances to annually register with the Board of Dental Examiners of Alabama and obtain a State Controlled Substance Number from said Board.
(a) The requirement stated in paragraph (1) of obtaining a registration certificate is waived for post-doctoral dental students and residents from the start date of each post-doctoral dental student’s/resident’s training until the end of each post-doctoral dental student’s/resident’s training period. Each post-doctoral dental student/resident shall be issued a controlled substance number following the acceptance of an application submitted to the Board. Each post-doctoral dental student/resident must renew his/her controlled substance number annually.

(b) Dental post-doctoral students and residents shall mean those enrolled in ADA accredited graduate programs at the UAB School of Dentistry or UAB Hospital, or in other such dental colleges, hospitals or institutions in Alabama, as may be approved by the Board.

(c) A dental post-doctoral student or resident for whom the requirement of obtaining a registration certificate is waived shall perform his/her work within the facilities of such dental colleges, hospitals and institutions under the supervision of an instructor and as adjunct to his/her post graduate course of study or training.

(2) This State Controlled Substance Number must appear on prescription blanks as well as the Drug Enforcement Agency Number. Every written prescription issued in this state by a licensed dentist and/or post-doctoral dental student/resident in possession of a Board issued controlled substance number shall contain two (2) signature lines. Under one signature line shall be printed clearly the words "product selection permitted." The licensed dentist shall communicate instructions to the pharmacist by signing on the appropriate line.

(3) Registration under this rule will be due at the same time as the annual license registration to practice dentistry. In order to obtain a state controlled substances number the dentist must possess a current and valid registration from the United States Drug Enforcement Agency. A post-doctoral dental student/resident shall be required to use their schools facility United States Drug Enforcement Agency issued number.

(4) The fee for registration and the State Controlled Substance Number shall be an amount to be fixed by the Board.

(5) Any licensed dentist and/or post-doctoral dental student/resident dispensing, administering, prescribing, maintaining, or possessing controlled substances who has not registered or obtained a State Controlled Substance Number will
be deemed in violation of the Uniform Controlled Substances Act and will be subject to the penalties prescribed by law.

**Author:** James S. Ward


---

**270-X-2-.12 Maintenance Of Controlled Substances Records And Inventory.**

(1) Every dentist certified to dispense controlled substances by the Board of Dental Examiners of Alabama shall be required to maintain an accurate inventory and separate dispensing record of all controlled substances in Schedules II through V dispensed in his/her offices. The inventory shall account for all controlled substances obtained or received by the dentist's office or the dentist regardless of whether the said controlled substances were purchased or obtained at no cost. The dispensing record shall contain the following information:

(a) The date the controlled substance was dispensed;

(b) The method by which the controlled substance was dispensed (i.e., administered in office or released to patient);

(c) The name of the controlled substance dispensed (trade name or generic name);

(d) The name of the patient to whom the controlled substance was dispensed; and

(e) The quantity of the controlled substance dispensed.

(2) The inventory and separate dispensing record required by this rule shall be kept in the office of the dentist for a period of five (5) years from the date the controlled substances are dispensed and shall be made available for inspection by agents of the Board of Dental Examiners of Alabama or any law enforcement agency.

(3) Failure to maintain and make available the inventory and separate dispensing record required by this rule shall be considered a failure to maintain effective controls.
against diversion of controlled substances into other than legitimate dental channels.

(4) Whenever any dentist desires or is required to dispose of any controlled substances located in his/her office, he/she shall do so in accordance with the procedure for the disposing of controlled substances established by the Drug Enforcement Agency or pursuant to any rules or regulations promulgated by that agency.

Author: James S. Ward

270-X-2-.13 Statement Of Charges And Notice Of Hearing Before Imposition Of Disciplinary Penalties. No imposition of any of the disciplinary penalties set forth and outlined in Code of Ala. 1975, §34-9-18(b), shall be taken until the licensee has been furnished a statement in writing of the charges against him/her and with a notice of the time and place of the hearing. The statement of charges shall be in compliance with Code of Ala. 1975, §§34-9-24, 41-22-12.

Author: James S. Ward

270-X-2-.14 Change Of Name On License Certificate. (Repealed)

Author: James S. Ward

270-X-2-.15 Standards For Infection Control In Dental Offices. All dental offices must conform to and comply with the current recommendations and guidelines of the Centers for Disease Control and Prevention (C.D.C.) relating to infection control practices for dentistry and/or dental offices. The recommendations and
guidelines of the C.D.C. may be obtained from the United States Department of Health and Human Services, Public Health Service or through the Board of Dental Examiners of Alabama. It is the responsibility of all currently licensed dentists, dental hygienists, dental assistants and all other personnel who are utilized by a licensed dentist and who assist in a dental practice and may be exposed to body fluids such as blood or saliva to maintain familiarity with these recommendations and guidelines.

Author: James S. Ward


270-X-2-.16 Training And Educational Requirements For The Use Of Parenteral Sedation.

(1) In order to satisfy the formal training requirements imposed by law for the issuance of a parenteral sedation permit, a dentist must have completed a minimum of sixty (60) hours of instruction and the management of at least the number of patients recommended by the American Dental Association's Council on Dental Education. The hours of instruction must cover the following areas:

(a) Patient evaluation and medical risk assessment;

(b) Management of medical emergencies, including the principals and techniques of advanced life support; and

(c) Parenteral conscious sedation techniques.

(2) The training program attended by the dentist must be approved as acceptable for training in parenteral sedation by the Board of Dental Examiners of Alabama.

Author: James S. Ward


270-X-2-.17 Criteria For On-Site Inspection For The Use Of General Anesthesia And Parenteral Sedation.

(1) This rule contains the procedures, criteria, and information which the inspecting team shall observe, gather, or use in determining whether a dentist's facilities, equipment, and personnel have satisfied the requirements imposed by law and this rule for the issuance of a general anesthesia or a parenteral sedation permit. This determination shall be made based upon the following procedures, criteria, and information:

(a) Clinical Use of Parenteral Sedation and/or General Anesthesia. Three (3) procedures utilizing Parenteral Sedation and/or General Anesthesia should be observed. At least two (2) procedures should be performed. This portion of the evaluation should not exceed two (2) hours. No evaluation can be considered complete unless this part is included.

(b) Simulated Emergencies.

1. The evaluators and the dental team should not just talk about the emergency situations and how they should be managed. The dentist and his team must perform an actual demonstration of their method for managing the following situations:

(i)  Laryngospasm
(ii) Bronchospasm
(iii) Emesis and aspiration of vomitus
(iv) Management of foreign bodies in the airway
(v)  Angina pectoris
(vi) Myocardial infarction
(vii) Cardiopulmonary resuscitation
(viii) Hypotension
(ix)  Hypertensive crisis
(x)  Acute allergic reaction
(xi) Hyperventilation syndrome
(xii) Convulsion of unknown etiology

(xiii) Syncope

2. The simulated emergency procedures are to be demonstrated in the operatory with full participation of the office staff. An exact simulation of the emergency situation should be demonstrated.

(c) Office Equipment, Records, and Emergency Medications.

1. All office equipment and records related to patient care should be available for inspection by the visiting doctors.

2. Specific attention should be directed to the following areas:

(i) The oxygen and supplement gas-delivery system - backup system

(ii) Provision for suction and backup system

(iii) Auxiliary lighting system

(iv) The gas storage facilities

(v) Suitability of the operatory

(vi) Patient transportation equipment (if used)

(vii) Recovery area

(viii) Sterilization areas

(ix) Preparation of medications

(x) Completeness of emergency anesthetic equipment and medications

(xi) Completeness of office patient-care records

(xii) Monitoring equipment

(d) Outline of Information that Should be Obtained and Recorded in the Patient's Record. The information should provide a database that aids in treatment planning and selection of the anesthetic/sedation and furnish needed data in the event that unexpected physiologic change occurs during the course of
surgical/operative procedure. Patients are reassured and apprehension reduced by the knowledge that surgery/operative procedure is being managed carefully by a competent team with a sincere interest in their problem. The need to develop a database to substantiate the choice of therapy selected is essential. A written record of this evaluation is a requirement for proper patient care. This section sets forth the core of material that should be obtained and recorded. This should serve as a reference to the knowledgeable dentist as he/she reviews his/her own standards for patient evaluation.

1. Vital Statistics. Vital statistics are the most basic information in the office record. They should include:

   (i) Patient's full name
   (ii) Address - home and work
   (iii) Telephone - home and work
   (iv) Date of birth
   (v) Sex
   (vi) Marital status (name of spouse__________________)
   (vii) Occupation
   (viii) Name of parent or guardian, if patient is a minor

2. Patient Evaluation (Medical History).

   (i) The patient's chief complaint, followed by history of the present illness or a statement about the patient's problem, should be recorded. The history should fulfill two basic requirements:

   (I) It must elicit the core medical information which will enable the dentist to identify the poor risk patient.

   (II) It should provide written evidence that the process of patient evaluation did occur and that the treatment was logical.

   (ii) The following core questions should be on any medical history:

   (I) Are you now or have you ever been under a physician's care during the past five years?
(II) Are you currently under a doctor's orders or taking any medication?

(III) Do you have any allergies or are you sensitive to any drugs such as penicillin, Novocain, aspirin, or codeine?

(IV) Do you bleed excessively after a cut, wound, or surgery?

(V) Are you subject to fainting, dizziness, nervous disorders, convulsions, or epilepsy?

(VI) Have you ever had any breathing difficulty such as asthma, emphysema, chronic cough, pneumonia, tuberculosis, or any other lung disorders?

(VII) Have you ever had any of the following illnesses?

Heart problems____
Stroke____
Rheumatic fever____
Hepatitis or liver disease____
Kidney disease____
High blood pressure____
Diabetes____
Anemia____

(iii) The Core Physical Examination. Vital signs include blood pressure, pulse rate, and respiratory rate. Preoperative blood pressure and pulse rate measurements should be made and documented on the patient's record. Temperature should be taken and recorded when one suspects it is elevated and could affect the treatment plan.

(iv) Laboratory Data. Laboratory studies such as complete blood count, blood chemistries, and urinalysis are not a routine part of the preoperative outpatient evaluation in the dental office. These tests may be requested by the dentist for specific problems, and shall be made part of the patient’s record.

(v) Summary of Data that Should be in the Office-Record:

(I) A written medical history containing the vital statistics and core medical information.

(II) An examination chart with the proposed procedure clearly indicated and the probable complications written on that record or on the informed consent.
(III) A written formal consent for the proposed procedure.

(IV) When indicated, adequate radiographs should be available and should delineate clearly the areas to be treated.

(V) A record of the anesthesia/sedation must be made. This may be combined with the operative record or it may be a separate form. In either event, the anesthetic and other agents and amounts given must be indicated. Preoperative, intraoperative and post-operative vital signs should be recorded and any unusual reactions or complications should be documented. Starting and ending times for anesthesia should be recorded. The members of the surgical/operative team present during the procedure should be noted.

(VI) A record of prescriptions given should be included. A duplicate copy of the prescription is preferred. A separate note on the operative record indicating the above information is satisfactory if duplicate prescriptions are not being used.

(e) Office Facilities and Equipment. This section deals with the physical requirements for conducting office anesthesia/sedation.

1. The fundamental physical requirements for the anesthesia/sedation facility are:

   (i) The Operating Room/Operatory - The operatory should be large enough to adequately accommodate the patient on a table or in a dental chair and permit the anesthesia/sedation team, consisting of the dentist and two or three trained assistants, to move freely about the patient.

   (ii) The Operating Table or Dental Chair - The most important features of the table or chair are that it permits the patient to be positioned so the anesthesia team can maintain the airway, allows quick alteration of patient position in an emergency, provides a firm platform for the management of cardiopulmonary resuscitation, and provides easy access to the patient's oral cavity.

   (iii) Lighting Systems.

   (I) Room lighting must be adequate to permit evaluation of the patient's skin and mucosal color.
Provision for auxiliary lighting in the event of power failure in the operatory is most important. Backup lighting should be battery powered and of sufficient intensity to permit completion of any procedure under way at the time of general power failure.

Suction Equipment.

Aspiration may be provided either by a portable suction unit or by a central suction installation. It is important to provide for auxiliary suction in the event the pump or electrical power fails.

If electrical power should fail, suction can be provided by a unit functioning on the Venturi principle. A simple, water-powered laboratory suction device that attaches to a convenient water supply or a unit that creates suction by the flow of oxygen may be installed. Sources of light and suction not dependent on electrical current are important. Multiple suction tips, including tonsil suction tips, should be available.

Oxygen and Supplemental Gas-Delivery System.

The fundamental requirement is a unit capable of delivering metered oxygen under positive pressure.

Gas outlets for remote delivery systems must be coded to prevent accidental administration of the wrong gas. Fail-safe mechanisms on anesthetic machines are mandatory.

Patient Recovery.

Patients should be retained in the surgery area until all protective reflexes have fully returned unless the dental staff is in immediate attendance at all times in the recovery area to continue vital-sign and airway observations.

The major requirement for the recovery area is that the staff must be able to observe a patient recovering from a general anesthetic or sedation procedure and that there must be room to treat any emergency situation. It is mandatory that the recovery area can provide oxygen under pressure, adequate lighting, suction, and the presence of electrical outlets for connecting cardiac monitoring and defibrillating equipment.

Drug and Instrument Preparation/Sterilization and Storage. Area- An adequate outpatient facility should contain a sterilization area conducive to the sterile preparation and storage of drugs used in anesthesia/sedation. There should be provision for refrigeration to store such drugs as
succinylcholine, certain antibiotics, and anesthetic agents. The sterilization area should include a secure storage site for narcotics and other dangerous drugs.

(viii) Gas Storage Area.

(I) Defined

I. May be gas stored in central location used by one or multiple practitioners within the same building.

II. May by gas stored in the individual operatory.

III. May be reserve tanks of gas not connected for immediate use

(II) Requirements

I. All gas storage must be maintained according to local building, fire and safety codes.

II. Gas stored in a central location must have a central low pressure alarm, easily heard in the treatment area where the dentist is located. In lieu of a central alarm, a daily gas log may be maintained and checked by the dentist.

(f) Monitoring.

1. Anesthetics/sedatives may directly or indirectly alter the metabolic, electrolyte, or hemodynamic parameters in various tissues and organ systems. The quantitative and qualitative changes produced are directly dependent on various factors such as the pharmacologic properties of the agents, autonomic response, concentration, mode of administration, tissue perfusion, and metabolism and excretion of the agent (biotransformation).

2. The various methods and physiologic parameters used in monitoring patients should be designed to detect immediately the changes produced either by dental stimulation or the anesthetics or sedatives employed. This information allows for alteration of the anesthetic management to minimize or prevent any adverse reactions induced by the stress of the procedure, anesthesia, or preexisting systemic disease.

3. Acceptable anesthetic practice dictates that all patients must be monitored when anesthetics/sedation are employed. The accuracy and reliability of the data obtained from monitoring will make possible early recognition of problems and their proper treatment. Thus the doctor must obtain, evaluate,
and interpret all the available preoperative information and establish a diagnosis prior to treatment. He/she must be continually alert in observing the patient's status and in making a moment-to-moment assessment of the patient's condition so he/she can make the necessary adjustments.

4. Strict reliance on measuring a single physiologic parameter not only may be misleading, but also potentially hazardous. For example, the diagnosis of acute myocardial infarction by electrocardiography cannot always be made immediately, but may be delayed 12 to 18 hours or may not even be possible. Alteration in the ECG tracing may be very subtle. Thus vital signs, symptoms, and clinical judgment are of paramount importance in establishing the diagnosis. As a rule, no single symptom may be diagnostic of a particular condition, but rather the "total patient" must be evaluated in respect to the various signs and symptoms.

5. The primary step in total patient monitoring begins with a review of the past and most recent medical history. The importance of the medical history cannot be overemphasized because many of the potential hazards and pitfalls of anesthesia and surgery can be circumvented when the dentist has evaluated thoroughly the patient's medical status and its relevance to the proposed anesthesia and treatment.

6. The classic vital signs of blood pressure, cardiac rate and rhythm, and respiratory exchange are the standard physiologic parameters to be used in monitoring the patient, baseline determinations are imperative.

7. A monitor can be defined as one who or that which watches and warns. Monitoring methods may be either mechanical (e.g., E.C.G., B.P.) or non-mechanical (visual observations). Mechanical monitors have disadvantages but serve as adjuncts to alert the practitioner to any change in the patient's status. The non-mechanical methods of monitoring involve close observation of the patient. Is the patient breathing? What is the character of the respiratory pattern, i.e., depth, rate, rhythm? Is the respiratory exchange unobstructed? What is the patient's color? What is the color of the blood? These observations will give some information as to the adequacy or deficiency of the "oxygen carrier system" which is comprised of the blood components, the respiratory system, and heart action. The degree of autonomic tone and perfusion may be inferred by observing the patient's color and temperature. The patient with increased sympathetic tone and marked peripheral vasoconstriction as a result of stress, decreased blood pressure, or decreased cardiac rate will have pallor and coolness of the extremities. These signs and symptoms will not necessarily pinpoint the exact etiology but,
when coupled with mechanical methods of monitoring (i.e., blood pressure, pulse, or electrocardioscope), will help establish the diagnosis and facilitate treatment.

8. It is mandatory that some method of mechanical monitoring be used with every patient. Blood pressure, cardiac rate and oxygen saturation are the vital signs most frequently monitored during the pre-anesthetic/pre-sedation and intra-and-postoperative interval. EKG monitoring is suggested in all patients and mandated in all ASA Class 2 or higher patients. If any unforeseen reaction should occur with alteration or depression of the vital signs, the magnitude of the baseline shift may be determined and appropriate therapy begun.

9. An example of the importance of the magnitude of the baseline shift of vital signs can best be illustrated by the patient with hypertensive cardiovascular disease. If the individual with a resting blood pressure of 170/90 suffers a drop in systemic pressure to 120/70, he may greatly compromise his cerebral and coronary perfusion even though a blood pressure of 120/80 is regarded as very acceptable in the normotensive individual.

(g) Monitoring of Respiration.

1. Pre-tracheal stethoscope least expensive means of continuously monitoring rate and volume of ventilation.

2. Electronically enhanced pre-tracheal stethoscope with speaker.

3. Oximetry

(h) Monitoring of Heart Rate.

1. Pre-cordial stethoscope least expensive means of continuously monitoring heart rate, rhythm and heart sounds

2. Pulse monitor inexpensive electrical pickup of peripheral pulse recorded digitally.

3. Plethysmograph electrical pickup of peripheral pulse. The pulse wave form is displayed on an oscilloscope (indication of stroke volume and cardiac output). The heart rate and rhythm are recorded as well.

4. Electrocardioscope (ECG) Electrical activity of heart is picked up, usually centrally, and recorded graphically on an oscilloscope. The heart rate and rhythm are also evident.
(i) Monitor of Blood Pressure (systolic pressure, diastolic pressure, mean arterial pressure, and heart rate are recorded).

1. Sphygmomanometer and stethoscope least expensive way to monitor blood pressure.

2. Numerous manufacturers produce equipment to do this automatically. The machine can be set to monitor as frequently as you choose. Several manufacturers have recorders for this information. The continuous record during the procedure can be part of your anesthetic record.

(j) Oximetry.

1. Oximeter using a peripheral (finger, ear or toe) electrical pickup. The oxygen saturation of the arterial hemoglobin is measured and recorded. In addition, most equipment records the quality and rate of peripheral pulse. This technique is noninvasive. Its accuracy has been established by comparison with invasive arterial oxygen saturation studies. Oximetry provides not only evidence of peripheral perfusion, but also it indicates that the blood is sufficiently saturated with oxygen to provide for adequate cellular respiration.

(k) Personnel.

1. For conscious sedation, the practitioner responsible for treatment of the patient and/or administration of the drugs must be appropriately trained in the use of this modality. The minimum number of people involved should be two, i.e., the dentist or other licensed professional and an assistant trained to monitor appropriate physiologic variables.

2. For deep sedation or general anesthesia, at least three (3) individuals, each appropriately trained, are required. One is the operating dentist who directs the deep sedation or general anesthesia. The second is a person whose responsibilities are observation and monitoring of the patient. If this person is an appropriately trained professional, he or she may direct the deep sedation or general anesthesia. The third person assists the operating dentist.

(l) The Board shall appoint examiners for the purpose of conducting the on-site inspections of dental facilities, equipment, and personnel. Any on-site inspection shall be conducted by a team of three examiners. All examiners appointed by the Board for the purpose of inspecting applicants for a parenteral sedation permit shall be dentists who are authorized to administer parenteral sedation. The examiners shall receive as
compensation and expenses while in the performance of their duties the same amount paid to members of the Board and under the same terms and conditions.

(m) If upon an initial application for the issuance of a permit for the administration of general anesthesia or parenteral sedation, the primary office of a dentist(s) has received a satisfactory onsite inspection and the dentist(s) also applies for the issuance of a permit to administer General Anesthesia or Parenteral sedation at a secondary office(s) or location(s), any onsite inspection thereof shall be limited only to the dental facility and equipment, provided that the same personnel satisfactorily evaluated at the primary office(s) of the dentist(s) will be engaged or involved in the administration of general anesthesia or parenteral sedation at the said secondary office(s) or location(s). If upon a request for renewal by a dentist(s) of a permit to administer general anesthesia or parenteral sedation at both his primary and secondary office(s) or location(s), the Board of Dental Examiners of Alabama determines that an onsite inspection of these office(s) or location(s) is required, the same procedure as outlined above in relation to the initial application for these permits shall be utilized.

(n) The examining team shall submit to the Board the report of their onsite inspection within fourteen (14) days from the date of said inspection. If the results of the initial evaluation are deemed unsatisfactory, the anesthesia certificate is immediately suspended and the applicant must reapply.

Author: James S. Ward

270-X-2-.18 The Practice Of Dentistry Across State Lines.

(1) Definitions: The following definitions shall apply to these rules.

(a) Practice Of Dentistry Across State Lines. The practice of dentistry across state lines means the practice of dentistry as defined in Code of Ala. 1975, §34-9-6, as it applies to:
1. The rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient located within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his or her agent; or

2. The rendering of treatment to a patient located within the state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from this state to such dentist or his or her agent.

3. This definition is not intended to include an informal consultation between a licensed dentist located in this state and a dentist located outside this state provided that the consultation is conducted without compensation to or the expectation of compensation to either dentist and does not result in the formal rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient by the dentist located outside this state.

(b) Dental Emergency. A dental emergency is a condition or circumstance in which a patient is experiencing acute oral trauma, severe pain, bleeding or infection of dental hard or soft tissue, requiring, in the best clinical judgment of the attending dentist based on the facts before him or her, immediate treatment. Conditions qualifying as dental emergencies include periapical inflammation, periapical infection, periapical abscess, acute perioral swelling, post extraction alveolitis, post extraction bleeding, fractured or abscessed teeth, fractures of the jaw, and dislocated mandible.

(c) Irregular Or Infrequent. The irregular or infrequent practice of dentistry across state lines is deemed to occur if such practice occurs less that ten (10) times in a calendar year or involves fewer than ten (10) patients in a calendar year or composes less than one percent (1%) of the dentist’s diagnostic or therapeutic practice.

(2) License Requirement. To engage in the practice of dentistry across state lines in the State of Alabama, a person shall hold a current special purpose license to practice dentistry across state lines issued in accordance with the provisions of Code of Ala. 1975, §3-9-10 and this Rule or a person shall hold a full, unrestricted, and current license issued under Code of Ala. 1975, §34-9-10 and the Rules of the Board. Exemptions to this licensing requirement are as follows:
(a) A dentist who engages in the practice of dentistry across state lines in a dental emergency, as defined in this Rule and as set forth in Code of Ala. 1975, §34-9-7.

(b) A dentist who engages in the practice of dentistry across state lines on an irregular or infrequent basis, as defined in this Rule and as set forth in Code of Ala. 1975, §34-9-7.

(3) Qualifications For A Special Purpose License. An applicant shall be eligible for issuance of a certificate or qualification to practice dentistry across state lines if all of the following requirements are met:

(a) The applicant holds a full and unrestricted license to practice dentistry in any state of the United States or territories, other than this state, in which such individual is licensed.

(b) The applicant has not had any previous disciplinary action or other action taken against the applicant by any state or licensing jurisdiction, provided, however, that in the event of previous disciplinary or other action taken against the applicant, the Board may issue a certificate of qualification. If it finds that the previous disciplinary action or other action does not indicate that the dentist is a potential threat to the public.

(c) The applicant completes the submits an application form for a certificate of qualifications for a special purpose license on a form provided and approved by the Board in an amount established by the Board.

(d) Any special purpose license issued by the Board to practice dentistry across state lines limits the license solely to the practice of dentistry across state lines. The special purpose license shall be valid for a period of three years, shall expire on a renewal date established by the Board in the third calendar year after its issuance, and may be renewed upon receipt of a renewal fee as established by the Board. Failure to renew a license according to the renewal schedule established by the Board shall cause the special purpose license to be inactive. An applicant may reapply following placement of the license on inactive status. The application shall meet the qualifications of Code of Ala. 1975, §34-9-10 in order to be eligible for renewal of the license.

(e) A special purpose license to practice dentistry across state lines shall only be issued to an applicant whose principal practice location and license to practice are located
in a state or territory of the United States whose laws permit or allow for the issuance of a special purpose license to practice dentistry across state lines of similar license to a dentist whose principal practice location and license are located in another state. It is the stated intent that dentist who hold a full and current license in the State of Alabama be afforded the opportunity to obtain, on a reciprocal basis, a license to practice dentistry across state lines in any other state or territory of the United States as a precondition to the issuance of a special purpose license as authorized by this act to a dentist licensed in the other state or territory. The Board shall determine which states or territories have reciprocal license requirements meeting the qualification of this section.

(4) **Effect Of Special Purpose License.**

(a) The issuance by the Board of a special purpose license to practice dentistry across state lines subjects the licensee to the jurisdiction of the Board in all matters set forth in Code of Ala. 1975, §34-9-1 et seq., and the Rules of the Board, including all matters related to discipline.

(b) It shall be the affirmative duty of every licensee to report to the Board of Dental Examiners in writing within fifteen (15) days of the initiation of any disciplinary action against the license to practice dentistry of the licensee by any state or territory in which the licensee in licensed.

(c) By accepting a special purpose license, the licensee agrees to produce patient medical records or other materials as requested by the Board and to appear before the Board or any of its committees following receipt of a written notice issued by the Board or its authorized representative. The failure of a special purpose licensee to report, produce records, or appear as set forth above shall subject the licensee to the disciplinary penalties as set forth in §34-9-5.

(d) A special purpose license to practice dentistry across state lines is subject to each of the grounds for disciplinary action as provided in Code of Ala. 1975, §34-9-18, in accordance with the procedures set out in that section and the Alabama Administrative Procedures Act, Code of Ala. 1975, §41-22-1, et seq.

(e) The holder of a special purpose license shall comply with all laws, rules, and regulations governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within this state are maintained.
Annual Renewal For Fees And Licensing. The licensee holding a special purpose license must submit a completed renewal form prescribed by the Board on or before October 1st of the third year of the license. The licensee shall accompany such renewal form with a renewal fee established by the Board. These actions shall result in the licensee’s receipt of a current annual registration certificate authorizing him or her to continue the practice of dentistry under a special purpose license. Failure to secure the annual registration certificate by the 1st of January of the next year will result in automatic revocation of the special purpose license to practice dentistry across state lines.

Author: Board of Dental Examiners

Licensure By Credentials.

(1) Definitions: The following definitions shall apply to these rules:

(a) LICENSURE BY CREDENTIALS. LICENSURE BY CREDENTIALS. Licensure by credentials is to be used to evaluate the theoretical knowledge and clinical skill of a dentist/dental hygienist when an applicant holds a dental/dental hygienist license in another state,

(b) BOARD. Board shall mean the Board of Dental Examiners of Alabama.

(c) ACT. Code of Ala. 1975, §34-9-1 et seq.

(2) To be eligible for licensure by credentials in the State of Alabama, the applicant shall meet the provisions of Code of Ala. 1975, §34-9-10 and this Rule, which are as follows:

(a) The dentist/dental hygienist must have been engaged in the active practice of clinical dentistry/clinical dental hygiene or in full time dental/dental hygiene education for the five (5) years or five thousand (5,000) hours immediately preceding their application.

(b) The applicant must hold a current, valid, unrevoked, and unexpired license in a state having examination
standards regarded by the Board of Dental Examiners of Alabama as an equivalent to the Alabama standards. For purposes of this requirement, these exam standards shall include passing the National Dental Board Examination Parts 1 and 2 administered by the Joint Commission on National Dental Examinations.

(c) The Board of Examiners in the state of current practice shall verify or endorse that the applicant’s license is in good standing without any restrictions.

(d) The dentist/dental hygienist must not be the subject of a pending disciplinary action in any state in which the individual has been licensed which shall be verified through inquiry to the National Practitioner Data Bank, the health Integrity Protection Data Bank, the American Association of Dental Boards Clearing House for Disciplinary Information, or any other pertinent Bank currently existing or which may exist in the future.

(e) The applicant shall provide a written statement agreeing to be interviewed at the request of the Board.

(f) The applicant must successfully pass a written jurisprudence examination.

(g) There shall be certification from the United States Drug Enforcement Administration (DEA) and from the State board of any state in which the applicant is or has been licensed that the DEA registration is not the subject of any pending disciplinary action or enforcement of any kind, or that any state controlled substances permit has not been revoked, suspended, modified restricted or limited in any way.

(h) The applicant must submit affidavits from two (2) licensed dentists/dental hygienists practicing in the same geographical area where the applicant currently is practicing or teaching attesting to the applicant’s moral character, standing, and ability.

(i) The applicant must provide the Board with and official transcript with school seal from the school of dentistry/dental hygiene which issued the applicant’s professional degree or execute a request and authorization allowing the board to obtain the transcript.

(j) The applicant must be a graduate of a dental/dental hygiene school, college or educational program approved by the board.
The applicant must not be the subject of any pending or final action from any hospital revoking, suspending, limiting, modifying, or interfering with any clinical or staff privileges.

The applicant must not have been convicted of a felony or any misdemeanor involving moral turpitude or of any law dealing with the administering or dispensing of legend drugs, including controlled substances.

The Board may consider or require other criteria including, but not limited to, any of the following:

1. Questioning.
2. Results of peer review reports from constituent dental societies or federal dental services.
3. Substance abuse testing or treatment.
4. Background checks for criminal or fraudulent activities.
5. Participation in continuing education.
6. A current certificate in cardiopulmonary resuscitation.
7. Recent case reports or oral defense of diagnosis and treatment plans.
8. Proof of no physical or psychological impairment that would adversely affect the ability to practice dentistry/dental hygiene with reasonable skill and safety.
9. Proof of professional liability coverage and that coverage has not been refused, declined, cancelled, non-renewed, or modified.
10. Whether the applicant has been subject to any final disciplinary action in any state in which the individual has been licensed which shall be verified by a query in the National Practitioner Data Bank, the Health Integrity Protection Databank, the American Association of Dental Examiners Clearing House for Disciplinary Information, any state where the applicant has been licensed, or any other pertinent bank currently existing or which may exist in the future.
11. Whether the applicant’s DEA registration or any state controlled substances permit has ever been revoked,
suspended, modified, restricted, or limited in any way. Provided, however, that any discipline that results only from a failure to timely renew a registration or permit shall not prevent an applicant from being eligible for this method of licensure.

12. Denial of any professional license or denial of the opportunity to take a dental/dental hygiene exam.

(n) If all criteria and requirements are satisfied and the Board determines, after notice and hearing, that the individual committed fraud or in any way falsified any information in the application process, the Board may impose disciplinary sanctions allowed by the provisions of the Act.

(3) In addition to the requirements for applicants seeking licensure by credentials, an applicant desiring to practice a specialty only, must meet the following requirements:

(a) The specialty must be one in a branch of dentistry approved by the American Dental Association.

(b) The applicant shall meet the existing educational requirements, and standards set forth by the American Dental Association for that approved specialty.

(c) An applicant who chooses to announce or practice a specialty must limit his/her practice exclusively to the announced special area or areas of dental practice.

(4) An applicant shall submit to the board with the application, a non-refundable fee to be determined by the Board. If an applicant is granted a license, this fee includes the licensing fee for the remaining portion of the first licensing year.

(5) Regardless of the applicant’s compliance with the foregoing requirements, the Board may refuse to issue a license by credentials based on any conduct which would be a ground for discipline pursuant to Code of Ala. 1975, §34-9-19.

(6) An applicant granted a license by credentialing will be subject to the Act and all Board rules.

Author: James S. Ward


270-X-2-20  Reporting Of Adverse Occurrences.

(1) Any dentist practicing in the State of Alabama must notify the Board of Dental Examiners of Alabama (Board) of any mortality or other adverse incident occurring during or related to a dental procedure or treatment performed by dentists or in which a dentist participated in any manner whether occurring in an office, hospital or other outpatient treatment facility within Seventy-two (72) hours of the referenced occurrence.

(2) In addition, the dentist shall submit a complete report to the Board within thirty (30) days of the referenced occurrence. For purposes of this Rule, a reportable occurrence shall include any procedure or treatment resulting in death or permanent physical or mental injury as a result of the administration of general anesthesia or sedation techniques as defined in Code of Ala. 1975, §34-9-1(10). Reportable occurrences shall also include any resulting in calling any emergency responders, initiation of CPR or utilizing cardiac defibrillation.

(3) The report references above shall include at a minimum the following:

   (a) Description of the dental procedure.

   (b) Description of preoperative physical condition of the patient, including vitals.

   (c) List of drugs and dosages administered.

   (d) Description, in detail, of techniques utilized in administering the drugs utilized.

   (e) Description of the adverse occurrence.

   1. Describe, in detail, symptoms of any complications to include, but not limited to, the onset and type of symptoms exhibited by the patient.

   2. Treatment instituted on the patient.


Author: James S. Ward
270-X-2-.21 Oral Conscious Sedation. The following requirements shall apply to the administration in the office of oral conscious sedation by dentists:

(1) In order for a course of training to be approved by the Board, the following shall be required:

(a) A minimum of sixteen (16) hours of training:

(b) The definition of oral conscious sedation and anxiety reduction (anxiolysis);

(c) A list of oral sedative agents commonly used, their basic pharmacology and past documentation or records of use;

(d) Coverage of medical conditions which can adversely affect the administration of oral conscious sedation and the basics of physical diagnosis to appropriately classify your patient medically;

(e) Coverage of proper monitoring techniques for the sedated patient;

(f) An overview of the most common sedation protocols from start to finish;

(g) Proper documentation required by the dentist and dental staff; i.e., consent forms, monitoring strips, and patient information packets;

(h) An overview of potential medical emergencies specific to oral conscious sedation and their diagnosis and management;

(2) In order for an entity or organization to be approved by the Board for purposes of training in oral conscious sedation, training offered must at a minimum include the topics referenced in subsection (1) above.

(3) The emergency kit must at a minimum include the following:
(a) Epinephrine;

(b) Atropine;

(c) Narcotic antagonist (e.g., Naloxone HCL) and benzodiazepine antagonist (e.g., Flumazenil), if these agents are used;

(d) An antihistamine (e.g., Diphenhydramine HCL);

(e) Nitroglycerine;

(f) A bronchodilator (e.g., Albuterol inhaler); and

(g) An antihypoglycemic (e.g., 50% glucose).

(4) Any operatory where oral conscious sedation is administered must be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management.

(5) All allied personnel who may be involved in the monitoring of a patient who is administered oral conscious sedation shall be trained to assist the dentist in the recognition and management of the following clinical emergencies:

(a) Laryngospasm;

(b) Bronchospasm;

(c) Emesis and aspiration of vomitus;

(d) Management of foreign bodies in the airway;

(e) Angina pectoris;

(f) Myocardial infarction;

(g) Cardiopulmonary resuscitation;

(h) Hypotension;

(i) Hypertensive crisis;

(j) Acute allergic reaction;

(k) Hyperventilation syndrome;

(l) Convulsions; and
(m) Syncope.

(6) In order for a patient to be appropriately monitored, the monitoring and recording of blood pressure at intervals determined by the dentist must be performed both during the administration of oral conscious sedation and any recovery period.

(7) As to all patients who are administered oral conscious sedation, the type and amount shall be within accepted therapeutic guidelines and not dependant upon the period of duration of the procedure.

(8) A dentist utilizing oral conscious sedation in the dental office may induce only one (1) patient at a time. A second (2nd) patient shall not be induced until the first (1st) patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two (2) or more permit holders are present simultaneously, each may sedate one (1) patient provided that the office has the necessary staff and equipment, as set forth in this rule.

(9) Not withstanding any of the provisions set forth above, any oral conscious sedation administered to a pediatric patient, shall be pursuant to and follow the current guidelines and recommendations for sedation of the pediatric dental patients promulgated by the American Academy of Pediatric Dentistry. Pediatric patients shall be defined as infants and children through adolescence, including those with special health care needs.

(10) All individuals licensed to practice dentistry who intend on administering Oral Conscious Sedation shall submit an application for an Oral Conscious Sedation permit. Thereafter the renewal requirements and expiration date shall be the same as those for a dental license.

All individuals who intend on administering Oral Conscious Sedation shall file for an Oral Conscious Sedation permit prior to administering such sedation. The renewal requirements and expiration of such permit shall be the same as those for annual renewal of a dental license. Fees for such permit shall be established by the Board.

Author: Board of Dental Examiners

270-X-2-.22 Patient Records.

(1) A dentist shall maintain complete records on all patients and said records may include such information as the dentist deems appropriate but shall at a minimum include the following:

(a) Patient’s first and last name, address, and contact information; and,

(b) Current health history; and,

(c) The date treatment rendered. The type of treatment rendered. The reason for the treatment rendered and the name and/or initials of treating dentist and/or dental hygienist; and,

(d) Records of financial transactions should be retained or recorded; and,

(e) Applicable radiographs; and,

(f) Correspondence between treating dentist and any prior and subsequent dentists, physicians and/or referral sources/recommendations; and,

(g) Pathology reports.

(2) When appropriate, records may also include but not be limited to:

(a) Treatment plan(s); and,

(b) Informed consent(s).

(3) Records may be maintained in physical or digital format and may be disposed of in accordance with current American Dental Association (ADA) guidelines.

Author: James S. Ward
