HEALTH PROFESSIONS INDEMNITY

APPLICATION FORM - DENTISTS

Practice of Medicine Information

The information below is required for all dentist applications in addition to the web based Application Form. Once completed the file upload functionality on the Insurance Related section of the web-based application form must be used to attach this before completing the Confirmation section and submitting the application.

1. **Dental practice type**

   Please indicate by way of percentage of total time spent in your practice on average annually on the following activities. Total must equal 100%.

General dentistry		Pediatric Dentistry		Endodontics	
Periodontics		Oral or Maxillofacial Surgery		Prosthodontics	
Orthodontics		Oral Radiology		Oral Pathology	
Other					

2. **Dental procedures**

   Please indicate by way of H – high; M – medium; L – low; or N/A the extent of relative total time spent in your practice on average annually on performing the following procedures.

Cosmetic (primary purpose)**:**		Intra-oral		Extra-oral (Botox, dermal fillers and similar procedures)
Oral surgery:		Minor (Alveolar)		Major
Extractions:		Simple		Full Impacted
		Partial bony impacted		

Do you do third molar extractions? | Yes | No |

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Implants:	☐	Initial surgery	☐	Restorations
Endodontics:	☐	Single rooted	☐	Multi-rooted
Prosthodontics:	☐	Single unit bridge/crown	☐	Multi-unit bridge/crown
	☐	Full mouth dentures	☐	Denture adjustment and repair
Periodontics:	☐	Scaling/root planting	☐	Soft tissue surgery
	☐	Soft tissue grafts	☐	Bone grafts
Orthodontics:	☐	Comprehensive	☐	Minor tooth guidance
Other:	☐	Surgical	☐	Non-surgical
		Please specify		

3. Anaesthesia/Sedation

Please indicate by way of number of procedures done per year the type of anaesthesia and/or sedation used in your practice.

Local and/or Nitrous Oxide	☐	In rooms	☐	In hospital
		Who administers?		
IV/IM moderate sedation	☐	In rooms	☐	In hospital
		Who administers?		
General anaesthesia	☐	In rooms	☐	In hospital
		Who administers?		

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4. Certification

a. Please indicate whether you are certified for the following:

ACLS	☐	ATLS	☐

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