



Virginia Department of
Health Professions
Board of Dentistry

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PRE-INSPECTION SURVEY FORM

Each dentist applying to hold a permit to administer moderate sedation or deep sedation and general anesthesia (hereinafter referred to as a Permit Holder) is required to provide the following information. This completed form must be returned with your application.

Permit Holder's full name is: _____

Permit Holder practices: ☐ general dentistry
☐ in the specialty of _____

Permit Holder practices at the following location(s):

Full name of the practice: _____

Full address of the practice: _____

Full name of the primary contact person: _____

Telephone number of the primary contact person: _____

E-mail address of the primary contact person: _____

The number of other permit holders at this location: _____

Is this location a licensed hospital as defined in §32.1-123 of the Code of Virginia? YES NO

Is this location a state-operated hospital? YES NO

Is this location a facility directly maintained or operated by the federal government? YES NO

And

Full name of the practice: _____

Full address of the practice: _____

Full name of the primary contact person: _____

Telephone number of the primary contact person: _____

E-mail address of the primary contact person: _____

The number of other permit holders at this location: _____

Is this location a licensed hospital as defined in §32.1-123 of the Code of Virginia? YES NO

Is this location a state-operated hospital? YES NO

Is this location a facility directly maintained or operated by the federal government? YES NO

Use a separate piece of paper to provide information on all additional locations.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE- FOR BOARD USE ONLY

Permit number _____ **was issued on** _____