MINNESOTA
BOARD OF DENTISTRY

Minnesota Board of Dentistry
2829 University Avenue SE, Suite 450
Minneapolis, MN 55414
Office: (612) 617-2250
MN Relay Service: (800) 627-3529
www.mn.gov/boards/dentistry

ADVERSE REACTION REPORT

Minnesota Rules 3100.3600 requires that you file this report for any incident that arises from the administration of nitrous oxide inhalation analgesia or of a pharmacological agent for the purpose of general anesthesia, conscious sedation, local anesthesia, analgesia, or anxiolysis that results in a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body system(s). It is NOT necessary to report incidents such as nausea, a single episode of emesis, or mild allergic reaction. **This report and relevant records shall be submitted to the Board of Dentistry within ten days of the incident**.

LICENSEE INFORMATION

Name (please print): License Number:

Address:

City: State: Zip

I.	**REACTION INFORMATION**					
PATIENT ID/INITIALS (In Confidence)	AGE (YRS)	SEX	REACTION ONSET			CHECK ALL APPROPRIATE:
			MO	DA	YR	
DESCRIBE REACTION(S)						❑ PATIENT DIED ❑ REACTION TREATED WITH RX DRUG ❑ RESULTED IN TREATMENT BY PHYSICIAN AND/OR HOSPITALIZATION
RELEVANT TESTS/LABORATORY DATA						❑ RESULTED IN PERMANENT DISABILITY ❑ NONE OF THE ABOVE

II.	**SUSPECT DRUG(S) INFORMATION**			
SUSPECT DRUG(S) (Indicate manufacturer and lot # for vaccines/biologics)		DID REACTION ABATE AFTER STOPPING DRUG?		
DOSE	ROUTE OF ADMINISTRATION	❑ YES	❑ NO	❑ N/A

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INDICATION(S) FOR USE		DID REACTION REAPPEAR AFTER REINTRODUCTION?		
DATES OF ADMINISTRATION *(From/To)*	DURATION OF ADMINISTRATION	❑ YES	❑ NO	❑ N/A

III.	**CONCOMITANT DRUGS AND HISTORY**
CONCOMITANT DRUGS AND DATES OF ADMINISTRATION *(Exclude those used to treat reaction)*	
OTHER RELEVANT HISTORY *(e.g., diagnoses, allergies, pregnancy with LMP, etc.)*	

IV.	**SIGNATURE**
SIGNED:	**DATE:**

Please include a copy of the dental and/ or relevant medical records for the patient involved in the adverse reaction event. The record should include:

- **All treatment notes relating to the incident (date of incident, follow up care, etc.)**
- **Anesthesia record (if applicable)**
- **Medical History**
- **Dental History**
- **Current Medications**