



# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Dental Adverse Occurrence Report

1. As set forth in [68 IAC 1220.405](#), dentists are required to complete this report for the following dental adverse occurrences:
  - a. The death of a patient within 24 hours after the administration of a dental procedure;
  - b. The permanent organic brain dysfunction of a patient that first occurs within 24 hours after the administration of a dental procedure; or
  - c. The in-patient hospitalization of a patient for physical injury within 24 hours after the administration of a dental procedure.
2. Email complete signed forms to [FPR.DentalAdverse@Illinois.gov](mailto:FPR.DentalAdverse@Illinois.gov) within the following time frames:
  - a. 72 hours for each adverse occurrence that involves the death of a patient; or
  - b. 30 days for each adverse occurrence that involves the permanent organic brain dysfunction or hospitalization of a patient; or
  - c. In the event that a dentist does not have knowledge or cannot reasonably be expected to have knowledge, but subsequently obtains actual knowledge of an adverse occurrence, then such dentist shall file an adverse occurrence report within 72 hours after obtaining knowledge of the death of a patient or within 30 days after obtaining knowledge of the permanent organic brain dysfunction or hospitalization of a patient.

Dentist Name:	License No.:
Dentist Email:	Dentist Phone No.:

Dentist Address, City, State, Zip Code:  *check if address changed*

#### DENTAL ADVERSE OCCURRENCE INFORMATION

Date & Time of Occurrence:

Facility Name and Address where Occurrence Took Place:

Name and Date of Birth of Patient:

Dental Procedure Involved:

Type and dosage of sedation or anesthesia utilized in the procedure:

Name and Address of Hospital patient sought treatment. Please include date and time of treatment if known.

Description of occurrence (please note whether a death, permanent organic brain dysfunction, or hospitalization of a patient occurred):

*Please use additional pages if needed.*

#### CERTIFICATION

Under penalty of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, I herein certify that this Dental Adverse Occurrence Report and the information herein are true and accurate. Failure to provide such a report to the Division shall be grounds for discipline as set forth in 225 ILCS 25/23.

Signature:	Date:
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