



GENERAL ANESTHESIA ATTESTATION

Pursuant to the Ohio State Dental Board General Anesthesia permit I now hold or for which I have applied, I, _____, do hereby state my intention to administer general anesthesia in the following facilities located at

By this declaration, I warrant the aforementioned facilities meets or exceeds all current Ohio State Dental Board requirements regarding structure, drugs, equipment, records, monitors and trained personnel as stated in the Ohio Revised Code.

Signed

(Please print name)

Date: _____
