



Attestation on Equivalence of Satellite Office

I attest that all satellite offices, listed below, in which I administer sedation/anesthesia meet the same facility, equipment, and personnel standards as that of my primary office, which has been evaluated by the _____ Society of OMS or in compliance with state law.

Signature _____ Date _____

Typed or Printed name _____

Address of Primary Office:

Date of Evaluation of Primary Office _____

Satellite Office

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Satellite Office

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Use additional form for more than 2 Satellite Offices

Note: State dental boards may require that all offices be evaluated.