

Withdrawal Letter for Moderate Sedation, Deep Sedation, and/or General Anesthesia Facilities

Thank you for informing BCCOHP that you are no longer providing moderate sedation, deep sedation and/or general anesthesia (GA) services at your facility. Please complete this form and return it to sedation@oralhealthbc.ca within seven business days from the last date of sedation and/or GA services provided.

Contact information

Name of facility (as appear on signage): _____

Name(s) of facility owners (all):

Name	BCCOHP Registration Number

Facility address: _____

Level of sedation no longer provided

- ☐ Moderate sedation
- ☐ Deep sedation
- ☐ General anesthesia

Date of last sedation services: _____

Withdrawal Letter for Moderate Sedation, Deep Sedation, and/or General Anesthesia Facilities

Name of sedation provider(s) who provided last day of sedation and/or GA services:

Name	BCCOHP Registration Number

Confirmation of whether any other sedation services (e.g., minimal sedation) will be provided at this facility: _____

Please be reminded that if minimal sedation services are provided, registrants must be in full compliance with the Minimal and Moderate Sedation Standards & Guidelines, as well as all relevant sedation updates.

A new assessment will be required if you wish to resume moderate sedation, deep sedation, and/or general anesthesia services.

Declaration

If there is more than one facility owner, only one owner signature is required.

I _____ (name of facility owner) confirm and certify that all information provided for the Withdrawal Letter to be accurate, true, and up to date.

Printed name: _____ Signature _____

Date (m/d/y): _____