



Products Designed to Save a Life of Someone We Love

Dear Doctor and Team,

Thank you for your interest in having "your dental team" become more proficient in treating and recognizing dental office emergencies. Plus having your entire physical office organized efficiently to handle dental emergencies. In order to serve your team better, I am requesting a team member, preferably the doctor or the team leader, to please complete this self assessment guide of your office.

Does your office have the following item(s)? Please circle responses.

- 1. Office emergency kit in a central locationYes No
- Knowledge of the kit contents by the entire team.....Yes No
- Kit Manufacturer: _____
- Epinephrine 1;1000 [Form: Adult or child doses]Yes No
- Benadryl 25-50 mg [Form: injectable &/or capsules].....Yes No
- Nitroglycerin [Form: spray &/or tablets].....Yes No
- Bronchial Inhaler.....Yes No
- Aspirin.....Yes No
- Sources of sugar? [Form: juice, frosting, glucose]Yes No
- 2. Oxygen source: Mask or cannulae available?Yes No
- 3. Magills Forceps?.....Yes No
- 4. Yankauer suction tips for crown and bridge set-up?.....Yes No
- 5. Flashlights with adjustable beam? (One per treatment room).Yes No
- 6. Heavy Duty Cutting Shears? (One pair per treatment room).....Yes No
- 7. Oxygen on demand capability – regulator or ambu-bag?Yes No
- 8. AED machine?.....Yes No
- 9. Office Emergency Policy Manual?.....Yes No
- 10. Blood pressure monitors (portable) arm or wrist?.....Yes No
- Number available per treatment room? _____
- 11. Emergency evacuation plans for the EMS?Yes No
- 12. Stethoscope?.....Yes No
- 13. Staff meetings held twice per year to review emergency protocols?.....Yes No
- 14. Distance from EMS? _____ Average response time? _____
- 15. Number of team members: _____ Doctors _____ Hygienists _____ Asst's _____ Front
- 16. Number of team members certified in basic life support? (BLS)_____
- 17. Number of years doctor (s) been in practice? _____
- 18. Number of treatment rooms? _____
- 19. Number of exits or entrances into the office facility? _____ Stairs?.....Yes No
- 20. C.P.R Board for performing C.P.R. in the dental chair?.....Yes No

Would your team desire to have the necessary supplies / instruments purchased by Dr. Castle after reviewing the free assessment? Yes No An estimate will be provided for your office prior to any ordering.

Would your team desire an "in-office" review and consultation of the supplies and instruments plus an evaluation of your physical office? Yes No

Please fax this completed form to Mark J. Castle, DDS at 928-525-9338 and include a copy of your office's present Written Medical History for review. Or mail to: 138 Celilo St., Flagstaff, AZ 86001. Thank you for a prompt reply. I am looking forward to working with your team.

Sincerely,

Mark J. Castle, DDS