



TEXAS MEDICAL BOARD

OFFICE-BASED ANESTHESIA
Unanticipated Transfer/Hospitalization or Death

Date: _____

To: Texas Medical Board
Attn: Medical Director
PO Box 2018
Austin, Texas 78768-2018

Office-based Anesthesia Site Information

Name of Operating Physician: _____
Name of Anesthesiologist/Anesthetist: _____
Name of Office-based Anesthesia Site Registrant: _____
Name of Office-based Site: _____
Full Address of Office-based Site: _____

Patient and Procedure Information

Name of Patient: _____ Patient Date of Birth: _____
Type of Procedure: _____ Date of Procedure: _____

Hospital Information

Name of the Hospital the Patient was Transferred/Admitted to: _____
Address of the Hospital the Patient was Transferred/Admitted to: _____
Name of Admitting Physician: _____
Admitting Diagnosis: _____
Discharge Summary: _____

or

Name of Physician Signing Death Certificate: _____
Date of Death: _____