**GUAM BOARD OF EXAMINER FOR DENTISTRY**

***DOCTOR INTERVIEW FORM FOR DENTAL COMPLAINT***

A complaint has been filed with the Guam Board of Examiners for Dentistry (GBED) Regarding dental services allegedly provided on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between the

parties named below. *date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient’s Name Doctor’s Name**

The Board has an established procedure to investigate patient complaints. A member of the Board will be asking to meet both parties to verify the information given by the complainant. Any responses you provide are voluntary and any documentation you provide will be consensual. A member of the Board will interview the other party involved as well.

When this preliminary investigation is complete, the Board will make a determination

And you will be informed of the results.

I hereby voluntarily consent to provide information to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of the GBED regarding the above matter. I further understand that I may discontinue the interview at anytime, if I so wish.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date, time and place of interview

1. Did Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ provide treatment to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on or about the time indicated above?

2. What was the diagnosis and treatment plan?

3. What treatment was performed?

4. Was there consent for this treatment? Verbally or in writing?

5. Was the patient advised of alternative treatment options? If so, what were the options and how were they advised of them?

6. Was the patient advised of possible complications or limitations to the treatment results? If so, what were the possible complications and how were they advised?

7. Were other dentists or dental specialists consulted? If so, how did they participate in your treatment?

8. Who else was present at the time of treatment that could verify statements made by

the Dentist and the patient?

9. Who performed the treatment described above?

10. Did any complications arise from the treatment rendered above? If so, what were the complications?

11. How were the complications treated?

12. Was the patient referred to another provider (Dentist/Physician) to treat the complications? If so, who were they and what services did they provide?

13. Were any medications prescribed?

14. What was the final outcome of the treatment provided?

15. Did the patient express any dissatisfaction with the treatment results?

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GBED Member conducting interview

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GBED Member conducting interview