Page 2: About your submission

Q1

First name

Lalaine

Q2

Last name

Sabino

Q4 **Registered oral health practitioner**

In what capacity are you making this submission?

Q5

Company/organisation name

The tooth company

Page 3: About your submission

Q6 **Oral health therapist**

What is your profession?

Q7

Please enter your Dental Council Person ID, if applicable

23196

Page 4: Q1 - Sedation practice standard

Q8

Do you agree/disagree with the updated draft Sedation practice standard?

No opinion/NA

Q9

If you disagree, please tell us why:

Respondent skipped this question

Page 5: Q2 - Sedation practice standard

Q10

Are there any areas of the proposed Sedation practice standard you feel require further clarification or guidance?

No opinion/NA

Q11

If yes, please tell us which areas and why:

Respondent skipped this question

Page 6: Q3 - Sedation practice standard

Q12

Do you have any further comments on the proposed Sedation practice standard?

N/a