



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

Dental Surgeries (Full Time/ Part Time)

1. Name of the Dental Institution -
2. Address -
3. Date of Establishment -
4. Province - District -
5. Name of the Dental Surgeon maintaining the Dental Institute -
Sri Lanka Medical Council (SLMC) registration no. -
6. Name of the Dental Surgery Assistant -
7. Whether Full Time or Part Time -
8. Hours of Practice -
9. Following are the three gradings of the Dental Surgeries. Please fill the appropriate grading.

I. Basic Level

a.	<i>Patient waiting area (at least with four chairs)</i>	
	<i>Surgery area (Minimum 200 Sq.ft.)</i>	
	<i>Adequate toilet facilities</i>	

b. Equipments

<i>Dental Chair + Unit</i>	
<i>Sterilizer through autoclaves are preferable</i>	
<i>Basic hand instruments and trays</i>	
<i>Emergency medical tray/ kit</i>	

c. Disposables and Accessories

<i>Needles</i>	
<i>Syringes</i>	
<i>Masks</i>	
<i>Gloves</i>	
<i>Cups</i>	
<i>Aprons</i>	

d. Consumables

<i>Materials for basic restorative</i>	
<i>Prosthetic and surgical procedures</i>	

e. Adequate water and electricity facilities

<i>Hygienic waste disposal</i>	
<i>System of record keeping</i>	

II. Moderate Level

a. Patient waiting area

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(Minimum eight chairs)

Reception area with adequate ventilation and illumination

*Surgery area
(Minimum 250 Sq.ft.)*

Adequate toilet facilities

b. Equipments

<i>Dental Chair + Unit</i>	
<i>Autoclaves</i>	
<i>Light cure</i>	
<i>Scalars</i>	
<i>Air Rotors</i>	
<i>Hand instruments and trays (3 sets)</i>	
<i>Emergency medical tray/ kit</i>	

c. Disposables and Accessories

<i>Needles</i>	
<i>Syringes</i>	
<i>Masks</i>	
<i>Gloves</i>	
<i>Cups</i>	
<i>Aprons</i>	
<i>Drinking water with disposal cups</i>	

d. **Consumables**

<i>Materials needs for a moderate level of restorative</i>	
<i>Prosthetic and surgical materials</i>	

e.

<i>Adequate running water system and electricity facilities</i>	
<i>Hygienic waste disposal</i>	
<i>System of record keeping</i>	

III. Excellent Level

a.

<i>Patient waiting area (Minimum ten chairs)</i>	
<i>Reception area with adequate ventilation, illumination and good ambiance</i>	
<i>Television</i>	
<i>Toys for kids</i>	
<i>Surgery area (Minimum 350 Sq.ft.)</i>	
<i>Adequate toilet facilities</i>	

b.

Equipments

<i>Apex locators</i>	
<i>Dental Chair + Unit</i>	
<i>Autoclaves</i>	
<i>Light cure</i>	

<i>Scalars</i>
<i>Air Rotors</i>
<i>X-ray facilities</i>
<i>Amalgamators</i>
<i>Intraoral cameras</i>
<i>Refrigerator</i>

Storage facilities

<i>Hand instruments and trays with autoclave packeting</i>	
<i>Emergency medical tray/ kit</i>	

c. **Disposables and Accessories**

<i>Needles</i>	
<i>Syringes</i>	
<i>Masks</i>	
<i>Gloves</i>	
<i>Cups</i> <i>Aprons</i>	
<i>Drinking water with disposal cups</i>	

d. **Consumables**

<i>Materials needs for an Excellent Level of restorative</i>	
<i>Prosthetic and surgical materials</i>	

e.	<i>Adequate running water system and electricity facilities with stand by power supply</i>	
	<i>Hygienic waste disposal</i>	
	<i>Computer based record keeping and appointment system</i>	

10. Provincial Director's Comments -

Name of the Provincial Director of Health Services -

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Signature

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Seal

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Date