

PART II: BACK GROUND INFORMATION

<u>Ser No</u>	<u>Subject</u>	<u>Information given by Dental Clinic</u>	<u>Remarks of QCI (NABH)</u>
1.	Historical Background		
	Date of Establishment		
	Registered/Not Registered* (with State Health Authorities)		
	Type-Govt/Private/Corporate		
	Management (Individual/Corporate/Trust or any other – please specify		
	Recognition by other schemes – CGHS/KBS/AGIF/Rlys/Public Schemes* - indicate which schemes are you linked with. Already empanelled with ECHS – Yes/No		
2.	Location		
	Distance from nearest ECHS Polyclinic		
	Availability of public transport		
	Distance from Railway station/Bus stand/Air port to Hospital		
	Distance from nearest Military Hospital		
	Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area		

(Note: Attach relevant documents/certificates for items marked *)

SIGNATURE OF THE AUTHORIZED APPLICANT

PART III: HOSPITAL INFORMATION

<u>Ser No</u>	<u>Subject</u>	<u>Information given by Dental Clinic</u>	<u>Remarks of QCI (NABH)</u>
1.	Building		
	Total Area		
	Floor Area		
	Number of Dental Chairs		
	Macro environments-		
	External Ambience		
	Parking Area		
	Waiting Area		
	Reception and waiting for Relatives (Specify approx area)		
<i>(Notes: 1. An outline diagram showing plan of Hospital/Nursing Home may be added, if available. 2. A Brochure, if available, may please be included.</i>			
2.	Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary.		

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PART IV: FACILITIES APPLIED FOR

1. Applied for Empanelment as

General Dentistry

Special Dental procedures – specially specified

Diagnostic procedures/investigations for Dental

2. **Dental Care Centre (Infrastructure and technical specifications).**

(a) (i) **For General Dental Clinic**

(Availability of recovery bed for Dental Clinic)
(if available, specify the number of beds)

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(ii) **For Specialized Dental Clinic**

(Whether beds are available for Specialized
Dental Clinic)
If, yes Number

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	<input type="checkbox"/>		

(b) Whether separate O.T available for aseptic/septic cases
(for Specialized Dental Clinics)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(c) Alternative Power supply
Give details

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(d) (i) Laboratory facilities for routine Clinical Pathology, Biochemistry,
Microbiology

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(ii) Routine facilities for X-ray OPG Dental X-ray

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(e) No of visiting Specialists/Consultants

<input type="checkbox"/>	<input type="checkbox"/>
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(For Dental Care Centre)
(Name and Qualifications Specialty wise)

(i) Oral & Maxillo facial Surgeon

(ii) Periodontist

(iii) Prosthodontist

(iv) Endodontist

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(v) Orthodontist

(vi) Paedodontist

(f) Dental X-ray Machine

IOPA 60-70 Kv, 8MA, Exposure
(with minimum radiation leakage) time selection 0.01 to 3 seconds

Yes

No

O.P.G. Machine 60-70 Kv8 MA

Yes

No

* All Specialists employed on regular and visiting basis must possess Dental Council of India's recognized qualifications. A Post Graduate should head each speciality.

Remarks of QCI (NABH)

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SECTION III

INSPECTION REPORT AND RECOMMENDATIONS OF QCI (NABH)

Recommendations of the QCI (NABH)

1.(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of (Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

(Note : Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)

(a) **General Services**

(i) Dental

(b) **Specialised Services**

(i) Oral & Maxillo Facial Surgery

(ii) Periodontia

(iii) Prosthodontia

(iv) Endodontia

(v) Orthodontia

(vi) Paedodontia

<u>Remarks of QCI (NABH)</u>

Seal of NABH

SIGNATURE OF THE AUTHORIZED OFFICER
OF NABH/QCI