

## DELINEATION OF PRIVILEGES

## Dental / Oral Surgery - Page 1

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

Some privileges may be granted with consultation or limitations posed for cause by the Board of Directors, subject to the authority of the Medical Advisory Committee to grant delineated privileges. Privileges may be increased only with documentation or justification for change. **You must be able to document that you have the same privileges in another hospital** before being granted privileges at the Center. Please place a check mark in front of each procedure which you are requesting privileges to perform.

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Antrotomy</li> <li><input type="checkbox"/> Apicoectomy, tooth</li> <li><input type="checkbox"/> Application of orthodontic appliance</li> <li><input type="checkbox"/> Arthroplasty, temporomandibular</li> <li>Augmentation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Mandible</li> <li><input type="checkbox"/> Maxilla, using implant</li> </ul> </li> <li>Biopsy: <ul style="list-style-type: none"> <li><input type="checkbox"/> Lip</li> <li><input type="checkbox"/> Tongue, include. wedge resection</li> <li><input type="checkbox"/> Uvula</li> </ul> </li> <li>Closure: <ul style="list-style-type: none"> <li><input type="checkbox"/> Fistula of Mouth</li> <li><input type="checkbox"/> Fistula of oroantral</li> </ul> </li> <li><input type="checkbox"/> Diagnostic procedures (other) teeth / gums</li> <li><input type="checkbox"/> Endodontics, code-specific procedures</li> <li>Excision: <ul style="list-style-type: none"> <li><input type="checkbox"/> Abscess</li> <li><input type="checkbox"/> Buccal mucosa</li> <li><input type="checkbox"/> Epulis (gingiva)</li> </ul> </li> <li>Lesion: <ul style="list-style-type: none"> <li><input type="checkbox"/> Dental of jaw</li> <li><input type="checkbox"/> Gum</li> <li><input type="checkbox"/> Lip</li> <li><input type="checkbox"/> Mastoid, bone</li> <li><input type="checkbox"/> Mouth (other) (buccal mucosa)</li> <li><input type="checkbox"/> Palate (bony)</li> <li><input type="checkbox"/> Tongue</li> </ul> </li> <li><input type="checkbox"/> Exposure, tooth</li> <li><input type="checkbox"/> Extraction of teeth erupted or unerupted</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Frenectomy, maxillary</li> <li>Frenotomy: <ul style="list-style-type: none"> <li><input type="checkbox"/> Labial</li> <li><input type="checkbox"/> Maxillary</li> </ul> </li> <li><input type="checkbox"/> Gingivoplasty</li> <li><input type="checkbox"/> Gingivectomy</li> <li><input type="checkbox"/> Immobilization of jaw, for fx w/wiring</li> <li><input type="checkbox"/> Implantation of prosthetic</li> <li>Incision and drainage: <ul style="list-style-type: none"> <li><input type="checkbox"/> Dentoalveolar structures</li> <li><input type="checkbox"/> Floor of mouth</li> <li><input type="checkbox"/> Radioactive elements</li> </ul> </li> </ul> |
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## DELINEATION OF PRIVILEGES

## Dental / Oral Surgery - Page 2

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

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- IV Sedation
- Mandibulectomy, partial
- Osseous surgery
- Pediatric
- Peripheral neurectomy
- Reduction, fractures:
  - Mandible, open/closed/w/wiring
  - Maxilla, open/closed/w/wiring
- Removal, immobilization device, dental wiring
  - Implant, dental wiring
- Repair:
  - Facial fractures
  - Oral Cavity
  - Palate
  - Tongue
- Restoration, Dental by filling
- Temporomandibular joint, manipulation
- Xray Interpretation
- Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Medical Advisory Committee,  
The Center For Surgery

\_\_\_\_\_  
Date