



BAYMEDICAL
Delineation of Privileges

Name: _____

CATEGORY I: CORE PRIVILEGES		
Core Privileges <i>include:</i>	Requested	Approved
<ol style="list-style-type: none"> 1. Diagnosis, and the performance of non-surgical and surgical care on patients of all ages presented with illnesses, injuries, and disorder of both the functional and esthetics aspects of hard and soft tissues of the oral and maxillofacial regions. 2. Dental exams, i.e., comprehensive, limited, detailed, and periodic; 3. Radiology with the capability to perform dental x-rays, i.e., full-mouth series, periapical, occlusal, bite-wing, panoramic, and/or other radiograph necessary for dental interpretation; 4. Operative periodontics, i.e., adult/child prophylaxis, fluoride application, other periodontal medicaments, full mouth debridement, periodontal scaling and root planning, gingival curettage/flap, gingivectomy/plasty, crown lengthening, and/or periodontal osseous and bone grafting; 5. Operative/Restorative/Prosthodontics, i.e., basic restorations, crown/bridge preparations, occlusal adjustments, implant restoration, post and core, removable prosthodontics with fabrication/placement of complete/intermediate dentures, partials, and/or other repair to prosthesis; 6. Operative Endodontics, i.e., root canal therapy, pulpotomy/ectomy, apicoectomy/periradicular surgery, and hemisection; and; 7. Oral Surgical, i.e. simple/complicated extractions including impacted teeth, removal of exostosis, I&D abscess (intraoral/extraoral), alveoloplasty, excision/biopsy of oral tissue, frenectomy, root resections, alveolectomy; torus palatinus; torus mandibularis; minor lacerations; severe lacerations; simple intra-oral biopsy; benign tumors; malignant tumors; minor cysts; major extensive cysts; minor infections; repair of lacerations, sutures (intraoral/extraoral), repair of alveolar fracture/reimplantation of teeth, splinting of teeth, and use of local anesthetics. 		
CATEGORY II: SPECIAL PROCEDURES		
Special privileges <i>which may require additional training/experience:</i>	Requested	Approved
<ol style="list-style-type: none"> 1. Intra-Oral Surgery: Major infections; incision and drainage; salivary gland surgery; salivary duct surgery; tongue surgery; plastic repairs of cleft palate; ranula; and, Caldwell-luc procedure for root tip removal from antrum. 2. Extra-Oral Surgery: Minor infections; major infections; minor lacerations; major lacerations; major extensive cysts; minor cysts; lip surgery; salivary gland surgery; benign tumors; malignant tumors; and incision and drainage. 3. Fractures of the Jaws & Associated Structures: Maxilla, closed reduction; Maxilla, open reduction; Mandible, closed reduction; Mandible, open reduction; Zygoma, closed reduction; and Zygoma, open reduction 4. Orthodontic surgical procedures or diagnosis of need 5. Cleft palate consultation 6. TMJ consultation and diagnosis 		
Other:		
1.		
2.		
3.		
4.		
5.		



BAYMEDICAL

Name: _____

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges.

Physician Signature

Date

APPROVAL:

Chief of Surgery

Date