



# BAYMEDICAL

## Delineation of Privileges

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

### CATEGORY I: CORE PRIVILEGES

Core Privileges *include:*

Requested      Approved

1. Admission and consultation of oral and maxillary surgical patients, comprehensive oral and maxillary examination, history and physicals, consultation, diagnosis, and treatment planning to include operative or non-operative treatment.
2. General dentistry core privileges and:
  - Dentoalveolar surgery; extraction of soft and hard tissue impaction, intentional tooth replantation or transplantation, root-end resection and root-end filling (uncomplicated anterior, ) sequestrectomy, stomatoplasty, ridge augmentation (uncomplicated), alveoloplasty, osseointegrated implants, and oral antral/oral nasal fistula repair
  - Management of oral facial infections
  - Comprehensive management of oral manifestations of chronic systemic diseases, e.g., lichen planus, pemphigoid and erythema multiforme
  - Repair traumatic wounds; oral and facial
  - Repair and management of facial fractures: alveolar, maxilla, mandible, nasoethmoidal, zygoma, frontal
  - Tracheostomy
  - Nasal antrostomy
  - Maxillary sinusotomy
  - Therapeutic medication by injection
  - Craniofacial analysis
  - Extracranial facial osteotomies
  - Augmentation, contouring, reductions of hard and soft tissue
  - Marsupialization
  - Soft tissue grafts
  - Vestibuloplasty, frenectomy, mucogingival surgery
  - Inhalation sedation/analgesia with nitrous oxide/oxygen
  - General anesthesia
  - Nonsurgical management of temporomandibular joint disorders
  - History and physical examination, adult and pediatric
  - Resection of maxilla, mandible
  - Major salivary gland surgery
  - Sialography
  - Minor tooth movement
  - Placement maxillofacial devises
  - Arthrogram
  - Arthroscopy
  - Temporomandibular joint surgery
  - Preprosthetic reconstructive surgery
  - Scar revision: Oral and facial
  - Reconstruction of the facial skeleton
  - Excision of benign and malignant tumors and cysts of the hard and soft tissues
  - Harvest of hard and soft tissue graphs
  - Alveolar cleft repair



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

CATEGORY II: SPECIAL PROCEDURES		
Special privileges <i>which may require additional training/experience:</i>	Requested	Approved
1. CO2 Laser		
2. Cleft lip repair		
3. Cleft plate repair		
4. Craniofacial implants		
5. Microvasuclar reconstruction		
6. Sedation Analgesia (complete separate privilege form)		
<b>Other:</b>		
7.		
8.		
9.		

*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*