

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Dental_Oral Surgery,

Current Privilege Status Key

Practitioner's Current Privilege status is signified in () preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

Department of Dentistry

Basic Education: Completion of an American Dental Association approved dental program leading to the degree of DDS or DMD.

Minimal Formal Training: Completion of an American Dental Association approved residency program accredited by the Commission of Dental Accreditation shall be required for those applicants applying as a specialist in one of the ADA approved specialties.

Licensure: Currently licensed in the state of Iowa to practice as a DDS or DMD.

Required Previous Experience: Medical skills to competently practice as evidenced by documentation of the experience and skills in carrying out the procedures for which privileges are requested.

Current Competence: For initial privilege request, current competence to be reflected in references from residency director or chair of oral surgery from hospital where applicant was affiliated in the last two years. For reappointment, the department chair is responsible for assessing current competence.

Date 1985

Reviewed Oct 1997, Nov 2010

Revised Mar 1998, 2006

Admission Privileges

Requested Granted

_____ () Admission Privileges - Patient admitted for dental care is a dual responsibility of the dentist and physician member of the medical staff.

General

Requested Granted

_____ () Ordering diagnostic tests, radiographs

_____ () Biopsy, incisional, excisional, hard, soft tissues

_____ () Parenteral administration drugs, fluids, blood products.

Anesthesia

Requested Granted

_____ () Local anesthesia, infiltration, nerve block

_____ () Moderate (conscious) sedation *

_____ () Deep Sedation (This meets the guidelines for deep sedation, general anesthesia, for the sedation policy adopted in September 1997, including the paragraphs on restricted drug use and the performance of deep sedation by oral surgeons).*

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Surgery - Dental

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Teeth extraction, erupted, impacted |
| _____ | _____ | () | Uncovering, transposition, replantation teeth |
| _____ | _____ | () | Gingivectomy |
| _____ | _____ | () | Endodontic therapy |
| _____ | _____ | () | Contouring maxilla, mandible |
| _____ | _____ | () | Incision, drainage, abscess, intra, extraoral |
| _____ | _____ | () | Sequestrectomy, maxilla, mandible, intra, extraoral |
| _____ | _____ | () | Maxilla, mandible, contiguous structures cysts, tumors treatment |
| _____ | _____ | () | Maxilla, mandible, contiguous structures inflammatory conditions treatment. |

Trauma

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Debridement, closure, lacerations, intra, extraoral |
| _____ | _____ | () | Open, closed treatment, maxilla, mandible, zygoma fractures |
| _____ | _____ | () | Removal foreign body, bone, soft tissue |

Reconstruction

Requested Granted

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | () | Maxilla, mandible bone, cartilage grafts |
| _____ | _____ | () | Skin, mucosal, dermal, gingival grafts |
| _____ | _____ | () | Maxillary, mandibular osteotomy, ostectomy, resection |
| _____ | _____ | () | Synthetic grafts |
| _____ | _____ | () | Endosseous implants |
| _____ | _____ | () | Oral antral, oral nasal fistula closure |
| _____ | _____ | () | Submandibular, parotid, accessory salivary gland sialolith removal |
| _____ | _____ | () | Peripheral neurectomy, neurotomy, trigeminal neuralgia |
| _____ | _____ | () | Caldwell-Luc for dental reasons |
| _____ | _____ | () | Oral muscle, soft tissue repositioning with/without grafting |
| _____ | _____ | () | Auricular cartilage grafts TMJ |
| _____ | _____ | () | Arthroplasty, TMJ |
| _____ | _____ | () | Condylotomy, condylectomy, replacement TMJ |

Long Term Care

Requested Granted

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | () | Consult and perform minor procedures within the limitations of the setting. |
|-------|-------|-----|---|

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Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Signed: _____ Date: _____

* specific privilege criteria or requires evidence of education and experience