

CRITERIA FOR GRANTING DENTAL PRIVILEGES

Please review these privileges carefully to determine those privileges for which you are qualified either by proof of training or experience. Physicians requesting privileges should have completed an approved residency and be board certified or eligible in Dental Surgery.

Privileges: To admit, treat and consult with limitation. Consultation strongly suggested for any case in which diagnosis or management remain in question for a longer than usual period of time.

(Dentists, oral surgeons and podiatrists who are members of the Medical Staff may admit patients only if a physician member of the Medical Staff conducts or directly supervises the admitting History & Physical examination report (*except the portion related to dentistry or podiatry*) and assumes responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside of the limited license practitioner's lawful scope of practice.)

<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ PRESERVATION OF TEETH AND/OR SUPPORTING STRUCTURES	_____	_____
_____ REPAIR OF TEETH AND/OR SUPPORTING STRUCTURES	_____	_____
_____ EXTRACTION OF TEETH AND/OR SUPPORTING STRUCTURES	_____	_____
_____ RECONSTRUCTION OF TEETH AND/OR SUPPORTING STRUCTURES	_____	_____
MISCELLANEOUS		
_____	_____	_____
_____	_____	_____
_____	_____	_____

On the basis of my training and experience, I am qualified to exercise and request the privileges which I have checked.

I have not requested privileges for any procedures for which I am not qualified. I am familiar with the laws of the State governing the practice of medicine and pledge to abide by these laws.

PRIVILEGES APPROVED: AS REQUESTED AS MODIFIED BELOW

Applicant's Signature

Date

Chair, Surgery Department

Date