



GREATER LANSING

DEPARTMENT OF SURGERY
ORAL SURGERY & GENERAL DENTISTRY SECTION

Privilege Request Form

Applicant's Name: _____
(Please Print)

In conjunction with my appointment to the Professional Staff, I request the privileges checked below. As consistent with the Credentialing Policy of the Section, I understand that supporting documentation must be provided, as applicable, and that if supporting documentation is not provided, this request will not be considered complete.

SCOPE OF PRIVILEGES: Scope of privileges defined within this discipline includes general dentistry and oral surgery limited to conditions specific to the temporomandibular joint, mandible, maxilla, palate, zygoma, chin, cheeks, lips, tongue, sublingual gland, and submaxillary gland.

Special Conditions:

- 1. A physician member of the Professional Staff must authorize the admission to the hospital and must write specific orders on the patient's chart in order for the dentist to treat the patient. In the case of an outpatient procedure, a physician member of the Professional Staff must write specific orders authorizing the dentist to treat the patient. Reference for additional specific conditions are stated in Sections 5.4-4 and 5.4-5 of the Bylaws and Article IV of the General Rules. History and Physicals are limited to specifics of dental condition/care.
2. Unless privileged for Admission History and Physicals (see Item III), Oral Surgeons are limited to performance of History and Physicals specific to the dental/oral surgical condition, and a History and Physical by a Physician Member is required.

I. GENERAL ADMISSION AND CLINICAL CARE

Class I: Medical conditions with no pre-existing medical conditions and no threat to life (low risk/low severity);

- Yes
No

Class II: Medical conditions of moderate severity, requiring specialized training and experience.

- Yes
No

Class III: Medical conditions of high severity associated with threat to life requiring specialized training and experience.

- Yes
No

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II. DIAGNOSTIC AND THERAPEUTIC PROCEDURES

Class I: Minor procedures associated with low risk to include:

- | | |
|--|--|
| <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Periodontics, basic |
| <input type="checkbox"/> Biopsy, intra-oral | <input type="checkbox"/> Needle biopsy |
| <input type="checkbox"/> Biopsy, extra-oral | <input type="checkbox"/> Oral surgery, basic |
| <input type="checkbox"/> Endodontics, basic | <input type="checkbox"/> Orthodontics, basic |
| <input type="checkbox"/> Excision of intra-oral cyst | <input type="checkbox"/> Repair of minor lacerations |
| <input type="checkbox"/> Incision & drainage | <input type="checkbox"/> Tooth extraction, single, uncomplicated |

Class II: Moderate severity/risk, requiring specialized training or experience:

- | | |
|---|---|
| <input type="checkbox"/> Alveolectomy | <input type="checkbox"/> Incision/drainage: major infection, extra-oral |
| <input type="checkbox"/> Apicoectomy | <input type="checkbox"/> Incision/drainage: major infection, intra-oral |
| <input type="checkbox"/> Comprehensive restoration of dental arches | <input type="checkbox"/> Tooth extractions: multiple, uncomplicated |
| <input type="checkbox"/> Excision of benign tumors | <input type="checkbox"/> Torus mandibularis removal |
| <input type="checkbox"/> Extra-oral | <input type="checkbox"/> Torus palatinus removal |
| <input type="checkbox"/> Intra-oral | |

Class III: Major procedures, requiring specialized training:

- | | |
|--|---|
| <input type="checkbox"/> Alveoplasty | <input type="checkbox"/> Meniscectomy |
| <input type="checkbox"/> Arthroplasty with graft, autogenous, allogeneic, or alloplast | <input type="checkbox"/> Micrognathia of maxilla or mandible |
| <input type="checkbox"/> Arthroscopic surgery | <input type="checkbox"/> Open reduction and suspension of LeFort I, II, or III fractures |
| <input type="checkbox"/> Augmentation with alloplast | <input type="checkbox"/> Orthognathic surgery |
| <input type="checkbox"/> Bone graft | <input type="checkbox"/> Osteotomy for correction of developmental dento-facial deformities |
| <input type="checkbox"/> Cleft lip repair | <input type="checkbox"/> Placement of endosseous implant |
| <input type="checkbox"/> Cleft palate repair | <input type="checkbox"/> Reconstruction with autogenous, allogeneic or alloplastic graft |
| <input type="checkbox"/> Closure of oral-antral or oral-nasal fistulae | <input type="checkbox"/> Reduction of tongue for macroglossia or tongue thrust |
| <input type="checkbox"/> Condylectomy | <input type="checkbox"/> Reduction zygomatic arch, closed |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Reduction zygomatic arch, open |
| <input type="checkbox"/> Closed reduction | <input type="checkbox"/> Removal of foreign body |
| <input type="checkbox"/> Mandibular | <input type="checkbox"/> Resection of malignant tumor |
| <input type="checkbox"/> Maxillary | <input type="checkbox"/> Salivary gland surgery, intra-oral, e.g., sialolithectomy |
| <input type="checkbox"/> Zygoma | <input type="checkbox"/> Sequestrectomy or resection for osteomyelitis |
| <input type="checkbox"/> Open reduction | <input type="checkbox"/> Sulcoplasty with mucosal or skin graft |
| <input type="checkbox"/> Mandibular | <input type="checkbox"/> Total joint reconstruction (TMJ) with condyle/fossa prosthesis |
| <input type="checkbox"/> Maxillary | <input type="checkbox"/> Vestibuloplasty |
| <input type="checkbox"/> Zygoma | |
| <input type="checkbox"/> Frenectomy and lowering of muscle attachments | |
| <input type="checkbox"/> Genioplasty advancement or reduction | |
| <input type="checkbox"/> Macrognathia of maxilla or mandible | |

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Class IV: Advanced Technologies: Physicians with Class IV privileges may perform advanced surgical procedures as specifically requested below. Request for these procedures must be accompanied by documentation of experience and/or additional training and current competence. Requests for advanced surgical procedures not delineated on this form will not be considered until conditions prescribed in the Bylaws have been met, i.e., ability of the institution to provide adequate support.

III. ADMISSION HISTORY AND PHYSICAL - Only appropriately trained and licensed oral surgeons are eligible.

Yes
 No

IV. LASER PRIVILEGES

Yes *
 No

* Must complete separate Laser Privilege Request Form.

Applicant's Signature

Date

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For Office Use Only

Recommendations:

- () Approve as requested.
- () Approve with modifications as noted below.
- () Denial of privileges.

Modifications: _____

2 Assigned Observers:

I (we) attest that in recommending these privileges, due consideration has been given to the applicant's professional performance, training, experience, judgment, and technical skills.

Chairman, Oral Surgery & General Dentistry Section

Date

Chairman, Department of Surgery

Date

Co-Chief of Professional Staff (if requesting interim privileges)

Date

Action:

Credentials Committee	Date: _____
Professional Staff Executive Committee	Date: _____
Board of Trustees	Date: _____

Comments:

