

Department of Surgery
ORAL and MAXILLOFACIAL SURGERY
Delineation of Privileges

Please Print Name

QUALIFICATIONS: Licensed physician (DDS, DMD, MD, DO) as defined in the Surgery Department Rules and Regulations with appropriate specialty training.

Of the following, indicate particular privileges requested: Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

REQ = Requested APP = Approved

| REQ | APP | Privilege Requested: |
|-----|-----|--|
| | | Admit, provide consultation, order diagnostic tests and procedures, and treat patient with problems related to oral and maxillofacial surgery. |
| | | Perform History & Physicals |

CORE PROCEDURAL PRIVILEGES: All Oral and Maxillofacial Surgeons are eligible to apply for the following core procedures. A letter from the residency program director confirming training/experience in procedures requested for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

| REQ | APP | Privilege Requested: |
|-----|-----|---|
| | | ORAL SURGERY To include: Removal of teeth, alveoplasty, incision & drainage of facial/neck spaces, pre-prosthetic surgery including oral and skin grafts, ridge augmentation procedures and placement of endosseous and alloplastic implants and grafts, operations on the paranasal sinuses as related to dental pathology, closure of oral antral and oral nasal fistulae. |
| | | MAXILLOFACIAL SURGERY To include: Vestibuloplasty, palatoplasty, skin grafts to orofacial region, alloplastic grafts to mandible, maxilla or zygoma, mandibular and maxillary osteotomy, excision of oral, facial lesions, surgical treatment of cysts or tumors of the jaws, facial tissues and adnexa, resection of mandible or maxilla as related to oral pathology, harvest of bone, skin, or cartilage for oral and maxillofacial reconstruction, management of continuity defects of the jaws with bone and/or soft tissue grafting, repair of mandibular and maxillary fractures (excluding orbital fractures), salivary gland surgery (except Parotid surgery), microsurgery for oral and maxillofacial surgery. |
| | | CLEFT LIP AND PALATE SURGERY To include: Bone and soft tissue grafting, management of continuity defects, palatal and facial cleft repair |
| | | TMJ SURGICAL TREATMENT To include: Temporomandibular joint, arthrocentesis, arthroscopy, arthroplasty, minisectomy, alloplastic/autogenous grafts, total joint reconstruction. |

SPECIAL PROCEDURES: Documentation of specific training and experience is required. Oral and Maxillofacial Surgeons with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable)

| REQ | APP | Privilege Requested: |
|---------------------------------|-----|-----------------------------------|
| | | Conscious Sedation |
| FACIAL COSMETIC SURGERY: | | |
| | | Cleft Lip Repair/Revision |
| | | Cleft Palate Repair |
| | | Alveolar Cleft Repair |
| | | Anterior Iliac Crest Bone Harvest |
| | | Rhinoplasty |
| | | Submandibular Gland Excision |

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges.

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|-------------------------------|--------------|
| Applicant's Signature: | Date: |
|-------------------------------|--------------|

DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

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| Signature: Surgery Department Chairman/Vice Chairman | Date: |
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Date: _____
Credentials approval

Date: _____
Medical Executive approval

Date: _____
Board of Directors approval

ORAL and MAXILLOFACIAL SURGERY

Criteria for Granting Privileges

HISTORY & PHYSICALS

Surgical procedures performed by oral/maxillofacial surgeons are under the overall observation of the Department of Surgery. An oral surgeon who meets the prerequisite qualifications may be granted the privilege of performing a history and physical examination and assessing the medical risks of the proposed procedure to the patient. Where any medical problems exist, a physician member of the Medical Staff must perform a basic medical appraisal on such patient, must determine the risk and effect of any proposed surgical or special procedure, and must be responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization. When a significant medical abnormality is present, the final decision whether to proceed must be agreed upon by the oral/maxillofacial surgeon and the physician consult. The Department of Surgery will decide the issue in case of disputes.