

MEDICAL AND DENTAL STAFF
NATCHITOCHE PARISH HOSPITAL
Delineation of Staff Privileges
Oral Surgery and Dentistry Section of Surgery

- Admission of patients to inpatient services
- Performance of medical History and Physical
- Consultations Only

ENDODONTIST

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| <ul style="list-style-type: none"><input type="checkbox"/> Restoration of tooth structures with dental artificial materials<input type="checkbox"/> Pulpotomy, pulpectomy and root canal therapy<input type="checkbox"/> Repair of fixed and removable dental prosthesis<input type="checkbox"/> Selected apicoectomy
(Selective apicoectomy should be accepted as a condition of such a nature that the apical lesion for which the procedure is granulation tissue or deformed root apex only
- Should there be any reason to suspect apical and/or peri-apical tooth and/or bony changes due to other causes than those given above, the surgical procedure of apicoectomy and removal of hard and/ or soft tissue shall be the sole responsibility of a qualified Oral Surgeon.) | <ul style="list-style-type: none"><input type="checkbox"/> Application of orthodontic appliances to teeth and tooth structure<input type="checkbox"/> Removal of teeth<input type="checkbox"/> Single uncomplicated extractions<input type="checkbox"/> Multiple uncomplicated extractions<input type="checkbox"/> Surgical removal of residual roots of teeth<input type="checkbox"/> Tooth root resections - apicoectomy<input type="checkbox"/> Other (other list) |
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ORAL SURGERY

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| <ul style="list-style-type: none"><input type="checkbox"/> Surgical Removal of Erupted Tooth<input type="checkbox"/> Surgical Removal of Residual Tooth Roots (cutting procedure)<input type="checkbox"/> Tooth Implantation<input type="checkbox"/> Alveoplasty<input type="checkbox"/> Removal of Exostosis - Maxilla or Mandible<input type="checkbox"/> Sequestrectomy for Osteomyelitis | <ul style="list-style-type: none"><input type="checkbox"/> Removal of Impacted Tooth - Soft Tissue/Partial or Complete Bony<input type="checkbox"/> Tooth Re-implantation and/or stabilization of tooth/alveolus<input type="checkbox"/> Surgical exposure of Impacted or Un-erupted tooth<input type="checkbox"/> Radical Excision - odontogenic lesion/tumor/cyst<input type="checkbox"/> Incision & Drainage of Abscess of Intraoral/Extraoral soft tissue |
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I am mentally and physically capable of performing the privileges in which I am requesting:

Applicant's Signature Date