



DENTAL REQUEST FOR PRIVILEGES

Last	First	Middle	Title
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General, specialty, preventive, and emergency dental services are outlined in the areas below. Place a check mark in the area you are requesting privileges; in any sub-areas that you do not request privileges please cross out and initial. For example, if you did not want to write prescriptions, you would place a line through the word prescriptions in the "diagnostic/adjunctive procedures area". If there is an area that you would like to request privileges, you have the training to accomplish them, and they are not listed under a Procedure/Services category, write in the procedure in the "Other" area.

REQUESTED

PROCEDURE/SERVICES

Diagnostic/Adjunctive procedures: To include oral exams, consultations, radiographs, local anesthesia, prescriptions, post operative treatments, impressions, jaw relations, records, and mouth protectors.

Other: _____

Emergency Dentistry: To include recementing fixed appliances, sedative restorations, pulpotomy/pulpectomy, endodontic interim treatment, gingival flap, reimplantation of traumatically avulsed teeth, provisional splints, periodontal scaling, tooth removal, repair of (simple) wounds, incision and drainage, reduction of dislocation, osteitis treatment and pericoronitis treatment.

Other: _____

Preventive: To include prophylaxis, topical fluoride application and oral health counseling.

Other: _____

Restorative: To include the placement of amalgam restorations, resin/composite restorations, inlays/onlays, post retention, and enamelplasty.

Other: _____

Endodontic: To include pulp treatments, root canal therapy, bleaching of discolored teeth (vital and nonvital), apexification.

Other: _____

Periodontics: To include gingivectomy/gingivoplasty, gingival curettage, splints, occlusal adjustment, periodontal scaling, root planning, root desensitization, mucogingival flaps.

Other: _____

Prosthodontics: To include over dentures, full and partial dentures made of resin or metal based, crowns and fixed appliances (bridges), laminates.
Other: _____

Oral Surgery: To include tooth removal (simple), tooth removal (complicated), tooth removal impacted (soft tissue impaction), tooth exposure, removal of exostoses, removal of foreign body, frenectomy, biopsy.
Other: _____

Orthodontics: To include space maintainers, habit breaker appliances, device repair, device removal.
Other: _____

Documentation of Training and expertise to perform all practice procedures requested must be provided.

Provider Signature

Date

Dental Director Approval

Date

PRIVILEGE APPROVALS

1. _____
Last name First Middle Date of Hire

2. Type of Position: ___ DDS ___ CDH Other: _____

3. Action:
_____ **Approved** _____ **Denied:**

Dental Director

Date