



LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
Dental

R G A

___ ___ ___ REHABILITATION OF DENTAL ARCHES

___ ___ ___ Operative restorations

___ ___ ___ Crown and bridge preparation

___ ___ ___ Prosthetic replacement of teeth

___ ___ ___ Implantation of teeth

___ ___ ___ ORAL PROSTHESIS Oral prosthesis for malformations of the face

___ ___ ___ a. Congenital

___ ___ ___ a. Pathological

___ ___ ___ c. Traumatic

___ ___ ___ Implant dentures

___ ___ ___ EXTRACTION OF TEETH

___ ___ ___ Single uncomplicated extractions

___ ___ ___ Multiple uncomplicated extractions

___ ___ ___ Surgical removal of impacted teeth

___ ___ ___ Surgical removal of embedded teeth

___ ___ ___ INTRA ORAL SURGERY

___ ___ ___ Root resections

___ ___ ___ Alveolectomy

___ ___ ___ Alveoplasty

___ ___ ___ Torus palitnus

___ ___ ___ Torus mandibularis

__ __ __ Minor lacerations
__ __ __ Severe lacerations
__ __ __ Simple intra oral biopsy
__ __ __ Benign tumors
__ __ __ Malignant tumors
__ __ __ Minor cysts
__ __ __ Major extensive cysts
__ __ __ Minor infections
__ __ __ c. Traumatic
__ __ __ Major infections
__ __ __ Incision and drainage
__ __ __ Salivary gland surgery
__ __ __ Salivary duct surgery
__ __ __ Tongue surgery Plastic repairs of cleft palate
__ __ __ a. Congenital
__ __ __ b. Pathological
__ __ __ c. Traumatic
__ __ __ Ranula
__ __ __ Cadwell-luc procedure for root tip removal form antrum
__ __ __ EXTRA ORAL SURGERY
__ __ __ Oral Surgery
__ __ __ Minor infections
__ __ __ Major infections
__ __ __ Minor lacerations
__ __ __ Major lacerations
__ __ __ Major extensive cysts
__ __ __ Minor cysts Lip surgery
__ __ __ a. Congenital
__ __ __ b. Pathological

__ __ __ Salivary gland surgery

__ __ __ Benign tumors

__ __ __ Malignant tumors

__ __ __ Incision and drainage

__ __ __ FRACTURES OF THE JAWS AND ASSOCIATED STRUCTURES

__ __ __ Maxilla, closed reduction

__ __ __ Maxilla, open reduction

__ __ __ Mandible, closed redcution

__ __ __ Mandible, open reduction

__ __ __ Zygoma, closed reduction

__ __ __ Zygoma, open reduction

Applicant signature _____ Date _____

STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name _____
(Please Print)

Signature

Date

PHYSICIAN

STATEMENT OF ACKNOWLEDGMENT

This is to verify that I have received a copy of the following notice to physicians:

NOTICE TO PHYSICIANS: Medicare/Champus payments to hospital is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal Funds may be subject to fine, imprisonment, or civil penalty under applicable Federal law.

Signature

Date

_____, M.D.
Printed Name