





\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_ Temporary Approval pending Medical/Dental Staff Committee Meeting

\_\_\_\_ Denied

\_\_\_\_\_  
Signature Dental Director

\_\_\_\_\_  
Date

**Medical/Dental Staff Committee Approval**

\_\_\_\_ Temporary Approval (temporary employees)

\_\_\_\_ Regular Provisional Approval

\_\_\_\_ Regular Approval

\_\_\_\_ Approval with modifications (specify below)

\_\_\_\_ Denied (specify below)

\_\_\_\_\_  
Medical/Dental Staff Committee Chairperson

\_\_\_\_\_  
Date