

# LA CLINICA DE FAMILIA

## DENTAL REQUEST FOR PRIVILEGES

- A. Purpose: To allow the dental care provider to request specific professional privileges and to provide documentation of action Taken on requested privileges.
- B. Professional privileges are, for the purposes of credentialing, divided into "CORE" and "NON-CORE" privileges. "CORE" Privileges are those procedures a dentist, as a graduate of a dental school accredited by the American Dental Association, May request without justification. "NON-CORE" privileges require additional justification. See Section II for documentation Of additional training and justification codes.
- C. Applicant: Enter one of the following four code numbers in each "REQUEST" block.  
 Supervisor: Enter one of the following four code numbers in each "VERIFIED" block in answer to each requested privilege.
1. Perform without supervision.
  2. Perform with supervision.
  3. Not requested/not verified because of duty position or facility support.
  4. Not requested and/or not verified due to lack of expertise.

NOTE: Place an "X" after the code number to alert the reader to any exception(s). Applicant: Use Section III to explain.  
 Supervisor: Use Section IV to explain.

### CORE PRIVILEGES

- I. APPLICANT: Enter code number (1-4) in "Request" block. List exceptions in Section III, "Remarks" block.  
 SUPERVISOR: Enter code number (1-4) in "Verified" block. List exceptions in Sec IV, "Recommendations" block.

		PROCEDURES AND SERVICES			PROCEDURES AND SERVICES
Request	Verified	DIAGNOSTIC/ADJUNCTIVE	Request	Verified	EMERGENCY DENTISTRY cont
		Clinical Oral Examinations			Pericoritis Treatment
		Written Consultation			<b>PREVENTIVE</b>
		Intraoral Radiographs			Prophylaxis
		Extraoral Radiographs			Topical fluoride Application
		Local Anesthesia			Oral Health Counseling
		Oral Sedation or Analgesia			Prophylaxis
		Prescriptions			<b>RESTORATIVE</b>
		Hospital Admissions w/o physical exam			Amalgams
		Postoperative Treatment			Glass Ionomer
		Impression for Dental Cast			Resins
		Jaw Relation Records			Inlays/Onlay
		Mouth Protectors/Fluoride Carriers			Post Retention (Prefabricated)
		<b>EMERGENCY DENTISTRY</b>			Enameloplasty or Odontoplasty
		Recement Inlay, Crown, or Fixed Partial Denture			Porcelain/Ceramic Inlay
		Sedative/Temporary Restoration			<b>ENDODONTICS</b>
		Pulpotomy/Pulpectomy			Pulp Treatments
		Endodontic Interim Treatment			Root Canal Therapy
		Gingival Flap			Bleaching of discolored Teeth
		Reimplantation of Traumatically Avulsed Teeth			Apexification/Apexogenesis Treatment
		Provision Splint, Extracoronal			Perforation Repair
		Periodontal Splint, Extracoronal			<b>PERIODONTICS</b>
		Periodontal Scaling			Gingivectomy or Gingivoplasty
		Tooth Removal			Gingival Curettage
		Repair Traumatic Wounds, Simple			Removal of Provisional Splint, Extracoronal
		Incision and Drainage			Occlusal Adjustment, Limited
		Reduction of Dislocation			Periodonal Scaling and Root Planning
		Osteitis Treatment			Root Desensitization

		PROCEDURES AND SERVICES				PROCEDURES AND SERVICES	
Request	Verified	PERIODONTICS		Request	Verified	ORAL & MAXILLOFACIAL SURGERY	
		Occlusal Splint				Alveoloplasty with Extraction	
		<b>PROSTHODONTICS, REMOVABLE</b>				Alveoloplasty	
		Complete Dentures				Stomatoplasty, Uncomplicated	
		Partial Dentures				Sequestrectomy	
		Denture Repair				Tooth Removal, Complicated	
		Denture Reline/Rebase				Tooth Removal, Impacted	
		Remount, Chairside				Biopsy	
		Precision Attachments				Excision, Bening Tumor	
		Overdentures				Frenectomy	
		Cast Metal Occlusals				<b>ORTHODONTICS</b>	
		Amalgam occlusals				Space Maintainer, Removable	
		<b>PROSTHODONTICS FIXED</b>				Space Maintainer, Simple, Fixed	
		Crown/Retainer				Habit Breaker, Removalbc	
		Pontics				Simple Hawley Device	
		Replace Broken Facing				Removable Device Adjustment	
		Stain and Glaze				Separators	
		Broken Connector Repair				Band and Bonded Attachment Removal	
		Crown, Resin, Interim				Repair Removable Appliance	
		Fixed Partial Denture, Interim				<b>MAXILLOFACIAL PROSTETICS</b>	
		Crown: Stainless Steel, Aluminum, Tin				Retainer, Cast Metal for Acid-Etch Bridge	
		Post Core, Metal					
		Composite Resin Fixed Partial Denture					

#### NON-CORE PRIVILEGES

APPLICANT: Enter code number 91-4) in "Request" block. Enter a code letter in the "JUST.CODE" block. List and discuss exceptions and additions in Sec III, "REMARKS" block. SUPERVISOR: Enter code number (1-4) in "Verified" block. Discuss exceptions in Sec IV, "Recommendations" block.

ADDITIONAL TRAINING: the letters (a, b, c, etc.) corresponding to Title of Training, when filled in, are your Justification Code Letters.

Title of Training	Completion Date	Title of Training	Completion Date
a.		f.	
b.		g.	
c.		h.	
d.		i.	
e.		J.	

NOTE: Use REMARKS section of this form to list further ADDITIONAL TRAINING and mark this box. [ ]

Req uest	Just Code	Veri fied	PROCEDURES AND SERVICES	Req uest	Just Code	Veri fied	PROCEDURES AND SERVICES
			<b>DIAGNOSTIC/ADJUNCTIVE</b>				<b>ENDODONTICS CONT.</b>
			Post Mortem Examination				Retrograde Filling
			Sialography				Surgical Fenestration
			Cephalometric Film				Marsupialization
			Macroscopic Tissue Examination				<b>PERIODONTICS</b>
			Microscopic Tissue Examination				Osseous Resective Surgery
			<b>RESTORATIVE THERAPY</b>				Osseous Graft
			Gold Foil Restorations				Soft Tissue Graft
			Pinledge Restoration				Vestibuloplasty
			<b>ENDODONTICS</b>				Provisional Splint, Intracoronal
			Endodontic Endosseous Implant				Occlusal Adjustment, Complete
			Apicoectomy				Hemisection

Req Est	Just Code	Veri Fied	PROCEDURES AND SERVICES	Req Est	Just Code	Veri Fied	PROCEDURES AND SERVICES
			<b>PROSTHODONTICS, Removable</b>				<b>ORAL &amp; MAXILLOFACIAL SURGERY cont.</b>
			Metal Base				Myofacial Pain Dysfunction Treatment
							Mandibular manipulation
			<b>MAXILLOFACIAL PROSTHETICS</b>				TMJ Surgery
			Maxillofacial Prosthesis Repair				Arthrocentesis, Arthrography, TMJ Injection
			Prosthetic Impression				
			Maxillofacial Prosthesis				<b>ORTHODONTICS</b>
			Other Prosthesis				Space Maintainer, Complex, Fixed
			Face Mask, Custom				Habit Breakers
			Implants				Complex Hawley Device
			Maxillary Inclined Plane and/or Maxillary Occlusal Table				Rem Expansion Device, Simple
			Mandibular Guide Flange				Rem Exp Device with Bite Plane
			Palatal Lift/Drop Prosthesis				Fixed Expansion Device
							Bite Plane, Ant. Or Post.
			<b>PROSTHODONTICS, Fixed</b>				Functional Orthopedic Devices
			Full Mouth Reconstruction				Banding & Bonding
			Implant Prosthesis				Section Wire
							Round Archwire
			<b>ORAL &amp; MAXILLOFACIAL SURGERY</b>				Rectangular Archwire
			Tooth Implantation, Replantation And Transplantation				Passive Lingual or Palatal wire
			Tooth Exposure, Surgical				Extraoral Traction Device
			Repair Traumatic Wounds, Complex				Fixed Device Adjustment
			Cleft Palate Repair				Addition of Auxiliaries
			Cleft Lip Repair				Positioner Insertion
			Oral-Antral fistula Repair				Device Repair
			Oral-Nasal Fistula Repair				Craniofacial Analysis
			Skin or Mucosal Grafts				Orthodontic/Orthognathic Diagnostic Set-Up
			Bone Graft or Osseous Implant				
			Stomatoplasty, Complicated				<b>ANESTHESIA</b>
			Major Salivary Gland Surgery				General Anesthesia
			Excision, Soft Tissue				I.V. Sedation or Analgesia
			Excision, Malignant tumor				I.M. Sedation or Analgesia
			Removal of Cyst or Tumor				Inhalation Sedation or Analgesia
			Destruction of Lesions				Pediatric Sedation
			Removal of Exostoses				Hypnosis
			Resection, Max or Man				Therapeutic Med by Injection
			Removal of Foreign Body				
			Maxillary Sinusotomy				<b>MISCELLANEOUS</b>
			Cricothyrotomy				Hosp Admissions with Physical Exam
			Tracheostomy				Mandibular Recording (Three Dimensional)
			Open Reduction, Max or Man				Radiation Shield
			Closed Reduction, Max or Man				Radiation Needle Carrier
			Zygomatic Complex Fracture				Hyperbaric Monitoring
			Facial Bone Fractures				Operating Room Privileges
			Other Fracture Reduction				
			Intermaxillary Fixation				
			Maxillofacial Devices				
			Arch Bar Removal				
			Osteotomy, Max/Man				
			Augmentation, Contour, Reduction				

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

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Provider Signature

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Date

Temporary Approval pending Medical/Dental Staff Committee Meeting

Denied

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Signature Dental Director

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Date

**Medical/Dental Staff Committee Approval**

Temporary Approval (temporary employees)

Regular Provisional Approval

Regular Approval

Approval with modifications (specify below)

Denied (specify below)

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Medical/Dental Staff Committee Chairperson

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Date