



**Oral Maxillofacial KHDO**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicant have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**NOTE:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Required Qualifications**

**Membership**

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner 's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

## Primary Privileges Oral Maxillofacial

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	<b>Privilege Class</b>		
	Privilege Class A		
	Privilege Class B		
	Privilege Class C		
	<b>General Privileges</b>		
	Nitrous oxide-oxygen sedation		
	Operative restorations		
	Prosthetic replacement of teeth		
	Scaling & prophylaxis		
	Radiographs		
	<b>Endodontics</b>		
	Conventional endodontics		
	Periapical surgery		
	Pulpotomy		
	Root amputations (anterior)		
	Root amputations (posterior)		
	<b>Orthodontics</b>		
	Full orthodontic treatment		
	Minor tooth movement		
	Space maintenance (fixed)		
	Space maintenance (removable)		
	<b>Periodontics</b>		
	Apically, laterally and coronal repositioned flaps		
	Curretage		
	Curtain procedure		
	Distal wedge procedures		
	Double flap		
	Elijan-Myar		
	Fenestration		
	Free gingival graft		
	Frenectomy and frenotomy		
	Gingivectomy and givgivoplasty		
	Hemisection and root resection of a tooth or teeth		
	Hip marrow graft (other surgeons to harvest)		
	Nabers procedure		
	Osteoplasty and osteoectomy		
	Osseus coagulum		
	Osseus wedge including continuous autogenous graft		
	Papillary and double papillary flaps		
	Push back or pouch procedure		

	Rotated flaps		
	Strategic extraction of a tooth or teeth (periodontally involved, that is discovered to be beyond any hope of retention and whose extraction will enhance the periodontal therapy)		
	Trephine procedure from alveolus		
	Vestibuloplasty when connected to periodontal therapy		
	<b>Oral Maxillofacial Surgery</b>		
	Alveolectomy		
	Alveoloplasty		
	Apertognathia		
	Biopsy (hard & soft tissue) (A dentist will not act as the primary care physician on patients where malignancy is the pathologic diagnosis of the biopsy specimen)		
	Closure - oro-antral fistula		
	Enucleation - cysts of jaws		
	Impactions		
	Incision and drainage-intraoral		
	Incision and drainage-extraoral		
	Lefort I, Lefort II, Lefort III osteotomies		
	Maxillary and mandibular osteotomy		
	Maxillary and mandibular vestibuloplasty		
	Maxillary posterior segment impaction		
	Orthognathic deformities		
	Symphysis sliding osteotomy and osteoectomy		
	TMJ dislocation (closed)		
	TMJ dislocation (open)		
	TMJ preauricular approach		
	Secondary cleft deformities		
	Simple extractions		
	<b>Oral Tumors (Benign)</b>		
	Lip revision - minor		
	Lip shave and mucosal advancement		
	Resection		
	Simple excision		
	Simple V excision		
	<b>Tumor</b>		
	Alveolar fractures		
	Closed reduction of fractures (mandibular)		
	Closed reduction of fractures (maxillary)		
	Lefort I, Lefort II, Lefort III fractures		
	Open reduction of mandibular fractures		
	Open reduction of maxillary fractures		
	Open reduction zygomatic arch fractures		
	Open reduction zygoma fractures		
	Soft tissue repair		
	<b>Salivary Gland Disease</b>		
	<b>Excision-benign pathology</b>		
	Mucocele		
	Ranula-sublingual gland		

	Sialolith- submaxillary gland		
	<b>Sialolithomy-trans-oral</b>		
	Stenson's duct		
	Wharton's duct		
	<b>Fifth Nerve Surgery</b>		
	Arthroscopy of the temporomandibular joint		
	Avulsion		
	Bone grafting to jaws (other surgeons to harvest)		
	Privileges to perform and record admitting history and physical (as delineated by the medical staff bylaws)		
	Repositioning		
	Use of endosseous implants		
	Use of intravenous sedation		
	Use of subperiosteal implants		

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Clinical Service Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Chair, Department/Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date