

LIST OF CLINICAL PRIVILEGES – PROSTHODONTICS

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

Dental providers requesting privileges in this specialty must also request privileges in General Dentistry.

I Scope		Requested	Verified
P387579	The scope of privileges in Prosthodontics includes the evaluation, diagnosis, consultation, management, and treatment for patients of all ages presenting with disabilities incident to loss of teeth and supporting structures. Prosthodontists may assess, stabilize, and determine disposition of these patients and construct corrective prostheses to restore proper mastication, phonetics and facial contour.		
Diagnosis and Management (D&M)		Requested	Verified
	N/A		
Procedures		Requested	Verified
P387583	Mandibular movement recording		
P387585	Fixed and removable prostheses involving precision attachments		
P387590	Full-mouth reconstruction with alteration of vertical dimension		
P387594	Implant supported complete arch fixed dental prosthesis		
P387596	Implant Restorations - Removable (must also be privileged for precision attachment denture)		
P387598	Implant supported/implant retained removable partial denture		
P387600	Implant supported/implant retained complete denture		
P387602	Surgical placement of endosteal implant (limited, required explanation note)		
P390210	Complete occlusal adjustment		
P391641	Full-mouth reconstruction without alteration of vertical dimension		
P390671	Restoration of multiple anterior dental implants		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P387527	Partial and total maxillectomy impressions		
P387535	Custom nasal masks for CPAP devices		
P387545	Obturator prostheses (surgical, interim, definitive)		
P387569	Surgical splint (i.e., gunning splint)		
Other (Facility- or provider-specific privileges only):		Requested	Verified

