

**LIST OF CLINICAL PRIVILEGES – ORAL AND MAXILLOFACIAL RADIOLOGY**

**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 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

<b>NAME OF APPLICANT</b>	<b>NAME OF MEDICAL FACILITY</b>
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**Dental providers requesting privileges in this specialty must also request privileges in General Dentistry.**

I Scope	Requested	Verified
<b>P390136</b> Oral & Maxillofacial Radiologists (OMFRs) provide acquisition and interpretation of images/data produced by all modalities of radiant energy used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region. OMFRs should have a thorough knowledge on techniques and interpretation for maxillofacial CT, CBCT, MRI, ultrasound and other pertinent modalities.		

Diagnosis and Management (D&M)		Requested	Verified
<b>P390138</b>	Order and interpret temporomandibular joint films (to include MRI)		
<b>P390140</b>	Order and interpret CT		
<b>P390142</b>	Order and interpret Cone Beam CT (all field of views)		
<b>P390144</b>	Order and interpret Sialography		
<b>P390146</b>	Order and interpret TMJ arthrographic images		
<b>P390148</b>	Order and interpret MRIs of the maxillofacial region		
<b>P390150</b>	Interpret subtraction radiographic images		

Procedures		Requested	Verified
	N/A		

Other (Facility- or provider-specific privileges only):		Requested	Verified

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
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**LIST OF CLINICAL PRIVILEGES – ORAL AND MAXILLOFACIAL RADIOLOGY (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION  
(Specify below)

RECOMMEND DISAPPROVAL  
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE