

## LIST OF CLINICAL PRIVILEGES – EXODONTIST

**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 military service.

**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, date and forward to your Clinical Supervisor.

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, 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 local facility privilege list. Use of this code is reserved for the Credentials Committee/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:**

**ADDRESS:**

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

I Scope		Requested	Verified
<b>P429902</b>	The scope of privileges in exodontia includes the evaluation, diagnosis, consultation, and treatment to patients of all ages presenting with illnesses, injuries, and disorders of the functional aspects of the hard and soft tissues of the oral and maxillofacial structures. This includes pre-, intra-, and postoperative care, performing surgical procedures, and order and initial interpretation of radiographs. Exodontists are specialized to perform focused oral surgery procedures for patients and consult with specialists to determine disposition in complex conditions.		
Procedures		Requested	Verified
<b>P387221</b>	Extraction of soft and hard tissue impaction		
<b>P386897</b>	Sequestrectomy		
<b>P387187</b>	Ridge preservation		
<b>P387219</b>	Surgical removal of erupted tooth		
<b>P387225</b>	Surgical removal of residual roots		
<b>P387233</b>	Partial ostectomy		
<b>P387239</b>	Soft tissue biopsy		
<b>P387229</b>	Removal of exostosis		
<b>P426599</b>	Order and interpret small Cone Beam CT scans in accordance with Service Policy		
<b>P426600</b>	Order and interpret medium Cone Beam CT scans in accordance with Service Policy		
<b>P387141</b>	Minimal oral sedation / anxiolysis (single agent) (patients over 12 years old)		
Other (Facility or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

**LIST OF CLINICAL PRIVILEGES – EXODONTIST (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

**RECOMMEND APPROVAL**

**RECOMMEND APPROVAL  
W/ MODIFICATION  
(Specify below)**

**RECOMMEND DISAPPROVAL  
(Specify below)**

Statement:

**CLINICAL SUPERVISOR SIGNATURE**

**CLINICAL SUPERVISOR PRINTED NAME OR STAMP**

**DATE**