

## LIST OF CLINICAL PRIVILEGES – HOSPITAL DENTISTRY

**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 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, 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
P390636	The scope of privileges in hospital dentistry expands the practice of comprehensive dentistry to patients with special needs or other medical co-morbidities and integrates inpatient and outpatient treatment with other medical specialties as part of a comprehensive medical care plan. Hospital dentists may perform comprehensive histories and physicals and admit patients to the hospital.		
Diagnosis and Management (D&M)		Requested	Verified
P390658	Sialography		
P390191	Interceptive orthodontic treatment		
Procedures		Requested	Verified
P390662	Direct compacted gold restorations		
P390214	Surgical placement of endosteal implant		
P390210	Complete occlusal adjustment		
P390665	Oroantral fistula procedure		
P390667	Tooth transplantation		
P390220	Hard tissue biopsy		
P390669	Repair soft/hard tissue defect		
P390671	Restoration of multiple anterior dental implants		
P390673	Implant supported/retained removable partial denture		
P390675	Implant supported/retained complete denture		
P390224	Vestibuloplasty		
P390677	Excision of soft tissue tumor (> 1 cm)		
P390679	Periradicular surgery		
Other (Facility- or provider-specific privileges only):		Requested	Verified

SIGNATURE OF APPLICANT	DATE
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**LIST OF CLINICAL PRIVILEGES – HOSPITAL DENTISTRY (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
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