

LIST OF CLINICAL PRIVILEGES – ORAL MEDICINE

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 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
P390648	The scope of privileges in oral medicine includes the evaluation, diagnosis, consultation, management, and treatment for patients of all ages presenting with oral manifestations of chronic systemic disease, integrating medicine and dentistry. Dentists specializing in oral medicine provide dental management of medically complex patients and may assess, stabilize, and determine disposition of these patients. They also provide the nonsurgical management of temporomandibular disorders.		
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		

CLINICAL PRIVILEGES – ORAL MEDICINE (CONTINUED)

Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

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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