

LIST OF CLINICAL PRIVILEGES – ORTHODONTICS

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
P390187	The scope of privileges in orthodontics includes the ability to evaluate, diagnose, consult, manage, and provide therapy and treatment for patients of all ages presenting with conditions or disorders involving irregularities and malocclusion of teeth and malrelation of jaws. Orthodontists may assess, stabilize, and determine disposition of these patients and determine types of appliances to move and guide teeth and jaws into proper positions and relationships.		
Diagnosis and Management (D&M)		Requested	Verified
P390189	Comprehensive orthodontic treatment		
P390191	Interceptive orthodontic treatment		
P390193	Limited/adjunctive orthodontic treatment		
Procedures		Requested	Verified
P390195	Positioners		
P390197	Fixed and removable appliances		
P390199	Intraoral and extraoral traction		
P390201	Orthopedic appliances		
P390203	Functional appliances		
P390183	Occlusal analysis and adjustment (complete)		
P390206	Surgical placement: temporary anchorage device without surgical flap		
P387243	Habit correction appliances		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – ORTHODONTICS (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