

PACIFIC HOSPITAL OF LONG BEACH
DELINEATION OF PRIVILEGES
Department of Surgery/Anesthesia
Dentistry/Oral Surgery

Name of Applicant: _____

Board Certification: _____ Year of Certification: _____

Subspecialty: _____ Year of Certification: _____

QUALIFICATIONS/CRITERIA	
Category I	<i>Usual and Customary Privileges</i>
	<ol style="list-style-type: none"> 1. Complete an ACGME or AOA accredited residency in Oral/Maxillofacial Surgery or Dentistry 2. Board certification or qualification for certification by the American Board of Oral Surgery/Dentistry or AOA equivalent. 3. Demonstrated competence in Category I privileges.
Category II	<i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i>
	<ol style="list-style-type: none"> 1. Board certification or in process of certification by the American Board of Oral Surgery; 2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> • Documentation of residency training and experience in the advanced procedure <li style="text-align: center;">OR • Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested. 3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements. <p>** Requires proof of additional training and/or current competence.</p>

Name: _____

Instructions: Please place a check mark in the REQUESTED column corresponding to the privileges requested.

Pacific Hospital of Long Beach			
<i>Dentistry/Oral Surgery privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Special Conditions
	General		
	Fluoroscopy (must submit current fluoroscopy permit)		
	<i>Category I</i>		
	Extra-oral biopsy		
	Intra-oral biopsy		
	Minor infection intra-oral		
	Needle biopsy		
	Basic operative dentistry		
	Basic endodontics		
	Basic periodontics		
	Basic prosthodontics		
	Basic oral surgery		
	Excision of intra-oral cyst (1cm or less)		
	<i>Category II</i>		
	Apicoectomy		
	Comprehensive restoration of the dental arches		
	I&D Excision of oral cyst (2cm or greater)		
	I&D Extra-oral removal o benign tumors		
	I&D Intra-oral removal of benign tumors		
	I&D of major infection extra-oral		
	Ivolectomy		
	Major infection intra-oral		
	Minor infection extra-oral		
	Minor laceration repair- intra-oral		
	Multiple uncomplicated extractions		
	Torus mandibularis removal		
	Torus palatinus removal		
	*Arthroplasty- codylectomy		
	*Arthroplasty- meniscectomy		
	*Avulsion of nerve		
	*Caldwell Luc, with or without antrostomy		
	*Closure of oro-nasal/oroantral fistula		
	*Extra-oral skin removal and grafting intra-orally		
	*Foreign body removal		
	*Genioplasty reduction or augmentation		
	*Insertion of extra-oral pin		

Name: _____

Pacific Hospital of Long Beach <i>Dentistry/Oral Surgery privilege form</i>			
Requested	Usual and Customary Privileges	Granted	Special Conditions
	*Intra-oral bone grafting and site preparation		
	*Major laceration repair intra-oral		
	*Mandibular fracture closed		
	*Mandibular fracture open		
	*Maxillary fracture closed		
	*Maxillary fracture opened		
	*Micrognathia of maxilla or mandible		
	*Orthognathic surgery		
	*Salivary gland surgery intra-oral		
	*Sequestrectomy		
	*Sulcus deepening with or without skin grafting		
	*Zygoma fracture closed		
	*Zygoma fracture open		
	*Zygomatic arch closed reduction		
	*Zygomatic arch open reduction		

Signature of Applicant

Date

APPROVALS:

Exceptions/limitations: _____

Chief of Surgery/Anesthesia

Date

Credentials Committee approval on: _____

Medical Executive Committee approved on: _____

Board of Directors approved on: _____

Name: _____