

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 ORAL SURGERY

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Oral Surgery			
History and Physical			
Orthodontics			
Periodontics			
Restorative Dental Procedures			
Oral Surgery:			
Benign tumors excision			
Biopsy of malignant tumors excisional			
Biopsy procedures			
Cicatricial, fibrous, inflammatory or congenital cystic lesion of skin excision subcutaneous membrane or mucous membrane			
Exodontia I - Normally positioned teeth and minor alveolectomies removal			
Exodontia II - Malposed and unerupted and/or impacted teeth and extensive alveolectomies removal			
Incision and drainage of abscesses			
Integumentary system - Incision and removal of foreign body			
Intra-oral mucosal and/or skin grafts			
Oral and facial wounds suturing and repair			
Musculoskeletal System:			
Bone biopsy			
Bone cyst excision			
Extensive resection with bone grafts			
Osteoperiosteal or cartilage grafts			
Osteoplasty, ostectomy or orthognaphic surgery or correction of other defects			
Partial ostectomy			
Saucerization			
Sequestrectomy			
Fracture:			
Closed or open reduction and fixation of facial bones			
Temporomandibular joint:			
Arthrectomy			
Arthrocentesis			
Arthroplasty or eminoplasty			
Arthrotomy			
Dislocation closed reduction			
Meniscectomy			
Non-surgical treatment of joint dysfunction, temporomandibular			
Trachea:			
Emergency tracheostomy			
Dento-alveolar surgery:			
Apicoectomy			
Antrostomy for recovery of root			

Endodontics			
Frenectomy			
Gingivectomy			
Hypertrophied tissue excision			
Oral antral fistula closure			
Stomatoplasty			
Surgical exposure of unerupted teeth			
Surgical repositioning of teeth			
Tooth transplantation and/or Implantation			
Cysts and Neoplasms:			
Hard and soft mouth tissue cyst removal:			
Intraoral neoplasm biopsy			
Odontogenic cyst (1 cm or less in diameter) removal			
Nerves:			
Nerve excision and avulsion and/or injection (alcohol)			
Salivary Glands:			
Ducts sialolithotomy			
Gland sialolithotomy			
Salivary fistula closure			
Salivary gland excision			
Sialodochoplasty			
NON CORE PRIVILEGES:			
Facial laceration repair			
Harvesting iliac crest bone grafts			
Harvesting split thickness skin grafts			
Mid-facial fractures reduction			
Orbital fractures with ophthalmology			
Consultation			
OTHER:			

BOARD CERTIFICATION: All surgeons must be board certified and obtain within 5 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

Department Chief Signature Date