

DENTAL PRIVILEGES  
Gulf Coast Medical Center  
Department of Surgery

Name: \_\_\_\_\_

Date: \_\_\_\_\_

General Privileges	Currently Approved	Requested	Approved
Order Diagnostic / Therapeutic Services			
Write Orders / Progress Notes in Patients Charts			
Request Consultation			
Provide Consultation			
Render Any Care in Life Threatening Emergency			
<b>Operative Restorations</b>			
<b>Crown and Bridge Restorations</b>			
<b>Prosthetic Replacement of Teeth</b>			
<b>Implantation of Teeth</b>			
<b>Oral Prosthesis for Malformations of Face, Jaws and Mouth:</b>			
Congenital			
Pathological			
Traumatic			
<b>Implant Dentures</b>			
<b>Extractions:</b>			
Simple Uncomplicated			
Multiple Uncomplicated			
<b>Surgical Removal of:</b>			
Impacted Teeth			
Embedded Teeth			
<b>Root Resections</b>			
<b>Alveolectomy</b>			
<b>Alveoplasty</b>			
<b>Torus Palatinum</b>			
<b>Torus Mandibularis</b>			
<b>Minor Lacerations</b>			
<b>Severe Lacerations</b>			
<b>Simple Intraoral Biopsy</b>			
<b>Tumors:</b>			
Benign			
Malignant			
<b>Cysts:</b>			
Minor			
Major Extensive			

<b>Infections:</b>	<b>Currently Approved</b>	<b>Requested</b>	<b>Approved</b>
Major			
Minor			
<b>Incision and Drainage</b>			
<b>Salivary Gland Surgery</b>			
<b>Salivary Duct Surgery</b>			
<b>Tongue Surgery</b>			
<b>Plastic Repair of Cleft Palate:</b>			
Congenital			
Pathological			
Traumatic			
<b>Ranula</b>			
<b>Caldwell-LUC Procedure for Root Tip Removal of Antrum</b>			
<b>Lip Surgery:</b>			
Congenital			
Pathological			
Traumatic			
<b>Maxilla:</b>			
Closed Reduction			
Open Reduction			
<b>Mandible:</b>			
Closed Reduction			
Open Reduction			
<b>Zygoma:</b>			
Closed Reduction			
Open Reduction			
<b>Sedation Analgesia</b>			
<b>Additional Requests:</b>			

**Modifications / Comments:**

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_.

**Chief of Service:** \_\_\_\_\_

**Date:** \_\_\_\_\_.

**Credentials Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_.

**Medical Executive Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_.

**Board Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_.