

**University of Utah Hospital
Dental Privileges Oral Surgery**

Please check all pertinent areas on this form concerning your request for privileges.

I hereby request the privileges listed below:

- _____ Initial application for privileges
- _____ Reappointment application for privileges

Name _____ Degree _____ Date _____

The above signature confirms your request for privileges subject to approval of the Dental Education Division Chief, Credentials Committee, and Chairman of Surgery of the University of Utah Hospital.

Privileges

Dentoalveolar and Implant Surgery:

- Simple and surgical extraction of erupted teeth _____
- Removal and exposure of unerupted teeth _____
- Tooth resection and removal _____
- Tooth replantation, transplantation and repositioning _____
- Apicoectomy and root canal therapy _____
- Alveolectomy and alveoplasty _____
- Gingival and periodontal surgery _____
- Vestibuloplasty _____
- Frenectomy _____
- Repositioning muscles attached to the jaws _____
- Repositioning and avulsion of mental, inferior alveolar and lingual nerves _____
- Decompression and repair of mental, inferior alveolar and lingual nerves _____
- Excision of hyperplastic tissue _____
- Removal of tori and exostosis _____
- Glossoplasty _____
- Repair of oroantral and oronasal fistula _____
- Caldwell-Luc procedure to retrieve dental root tips _____
- Alloplastic reconstruction of alveolar processes:
 - Dental implants, bond plates, screws, _____
 - Hydroxyapatite and other alloplastic materials _____
- Guided issue membranes _____
- Sinus lift procedure _____

Oral and Maxillofacial Trauma:

- Treatment of oral and maxillofacial trauma both bony and soft tissue _____
- Repair of lacerations and other injuries in the oral and maxillofacial area _____
- Removal of foreign bodies _____

Orthognathic and Maxillofacial Re-constructive Suregery:

- Maxillary Osteotomy _____
- Mandibular Osteotomy _____

Reconstruction or repair of alveolar process _____

Temperomandibular Joint Surgery:

Injections _____

Dislocation reduction _____

Oral and Maxillofacial Pathology:

Incisional and excisional biopsy _____

Surgical treatment of salivary glands (minor, sublingual and submandibular) _____

Surgical treatment of benign and malignant lesions (in conjunction with
Oncology and ENT or general surgeon) _____

Intraoral and extraoral incision and drainage of Primary and secondary spaces _____

Sequestrectomy _____

Treatment of osteomyelitis _____

Excision of inflamed and infected lymph nodes of odontogenic origin _____

IV Sedation/Analgesia _____

Moderate Sedation _____

Signatures and Recommendations

Applicant Signature DATE

Chief of Dental Services DATE

Division Chief, Plastic Surgery DATE

Chairman, Surgery DATE

Chair, Medical Board DATE

Chair, Governing Body DATE