

## 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.

<b>Privileges</b>
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**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 tissue 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 Surgery:**

- |  |       |  |
|--|-------|--|
| 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** \_\_\_\_\_

<b>Signatures and Recommendations</b>
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\_\_\_\_\_  
Applicant Signature DATE

\_\_\_\_\_  
Chief of Dental Services DATE

\_\_\_\_\_  
Division Chief, Plastic Surgery DATE

\_\_\_\_\_  
Chairman, Surgery DATE

\_\_\_\_\_  
Chair, Medical Board DATE

\_\_\_\_\_  
Chair, Governing Body DATE