UNIVERSITY OF MARYLAND MEDICAL CENTER

Department of Dentistry
Division of Oral & Maxillofacial Surgery

REQUEST FOR CLINICAL PRIVILEGES

APPLICANT'S NAME:_____ **DATE:**_____

Please check privileges requested. For approval, initial if approved and "x" if not approved or not requested

PROCEDURES	**Check (√) if Requested**	**Chair Approval** Initial if Yes Write Not Approved if No
To be eligible for Oral and Maxillofacial privileges, applicants must have completed an approved Oral and Maxillofacial Surgery residency program and be Board Certified or a candidate for Board Certification.		
Dentoalveolar Surgery		
Simple and surgical exodontia, tooth transplantation		
Preprosthetic surgery including vestibuloplasty, bony Augmentation, and implants		
Infections including incision, drainage and sequestrectomy intraoral and extraoral		
Ambulatory Moderate and Deep Sedation		
Criteria for Approval: 1. Proof of Current BCLS or PALS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). *(Practitioners board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or **Oral & Maxillofacial Surgery** are not required to fulfill # 1 and 2.)*		
Trauma		
Primary soft tissue repair including vessels and nerves		
Open and closed reduction and fixation of facial bone fractures including orbit, isolated nasal, nasoethmoid, but excluding Frontal bone fracture of the inner table and floor of the anterior Cranial fossa.		
Tracheostomy and coniotomy		
Facial nerve reconstruction		
Temporomandibular Joint		
Open joint procedures including surgery of the condyle, disc, temporal bone, and total joint reconstruction.		
Arthroscopy diagnostic and therapeutic (includes arthrograms)		
Hard Tissue Reconstruction- Primary and Secondary		
Reconstruction of facial bones with bone and cartilage, including orbit and frontal bone fractures which do not involve the inner table.		
Harvest bone and cartilage grafts from maxilla, mandible, periodontal sites, ilium, rib, calvarium, nasal septum and ear.		
Reconstruction with alloplastic materials including metals, plastics and bone substitutes		
Soft Tissue Reconstruction		
Simple repair and secondary revision		
Repair with skin and mucosal grafts		

Continued-

Name:_____ **Date:**_____

PROCEDURES	**Check (√) if Requested**	**Chair Approval** **Initial if Yes Write Not Approved if No**
Repair with local soft tissue flaps		
Harvest of local soft tissue grafts		
Repair with distant soft tissue flaps (e.g. forehead flaps, cervicofacial flaps, microvascular flaps)		
Use of tissue expanders		
Biopsy, excision and resection of malignant tumors of the oral cavity, jaws and related structures		
Biopsy, excision and resection of benign cysts, benign tumors and odontogenic lesions of the mouth and jaws		
Facial Deformities		
Rhinoplasty, blepharoplasty, face lift, cleft lip, cleft palate		
Pathology		
Neck dissection		
Nasal and Paranasal Sinuses		
Closure of oro-antral/oral-nasal fistulas and associated procedures		
Removal of cysts and tumors		
Nasal-antral procedures		
Alveolar/ antral procedures		
Salivary Glands		
Excision of minor submandibular glands for inflammation and benign neoplasms		
Excision of major (parotid, submandibular) salivary glands for neoplasm		
Procedures related to salivary gland ducts		
Excision of parotid gland for inflammation		
General		
History and Physical Examination		

_____ _____
Applicant's Signature Date

Approved by:

_____ _____
Robert A. Ord, DDS, MD Date
Department Chair, Department of Dentistry and Oral/Maxillofacial Surgery

_____ _____
Applicant's Confirming Signature Date
(to be completed if any privilege is not approved)

Revised 2/10