

Loma Linda University Medical Center
Loma Linda, CA 92354

PRIVILEGE FORM

CLINICAL AREA: **ORAL AND MAXILLOFACIAL SURGERY**

Name: _____

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REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws 4.9)	Practitioners who CANNOT : 1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST : 1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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CATEGORY	QUALIFICATIONS
All	Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for patients of all age groups, except as specifically excluded from practice.
Category 1	<p>Current certification or active participation in the examination process leading to certification by the specialty board recognized by the American Dental Association, in the provider's specialty, to be achieved within five (5) years of completion of training.</p> <p>Successful completion of an American Dental association approved advanced education program (minimum two (2) year program).</p>
Category 2	<p>Current certification or active participation in the examination process leading to certification by the American Board of Oral and Maxillofacial Surgery, to be achieved within five (5) years of completion of training; or</p> <p>Successful completion of an American Dental Association approved advanced education program in Oral and Maxillofacial Surgery.</p>
Observation Requirements	As specified in the Surgery Service rules and regulations.
Sedation	<p>Moderate Sedation: Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center – Quality Resource Management (LLUMC-QRM).</p> <p>Deep Sedation: Successful completion of the PRS Self-Study packet and test, or equivalence, from LLUMC-QRM.</p>

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Conditions	Denied
		Supervision of Residents and Students			
		For MD's and DO's only: Supervision of Allied Health Professionals :under the following circumstances AHP is granted practice privileges by the Medical Staff AHP operates under standardized procedures Other circumstances as recommended by the IDP Committee and approved by the Medical Staff			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required</u> (attach current copy).			
DENTISTRY CATEGORY 1					
		Rehabilitation of dental arches			
	OS02910	Crown and bridge preparation			
	OS05250	Implant denture prosthetics			
	OS08880	Operative procedures			
	OS10450	Prosthetic replacement of teeth			
	OS08890	Oral prosthesis for malformations of the face, jaws and mouth			
		Endodontic therapy			
	OS00880	Apicoectomy			
	OS11320	Root canal therapy			
	OS11330	Root resection			
	OS00881	Apexification			
		Periodontal surgery			
	OS08150	Gingivectomy of gingivoplasty			
	OS09010	Mucogingival surgery			
	OS04910	Osseous surgery			
	OS04910	Hard and soft tissue grafting of periodontal structures			
	OS08530	Admission history and physical exam on patients with consultation where indicated			
		Dentoalveolar surgery			
	OS11630	Simple extractions			
	OS00580	Alveolectomy			
	OS10860	Reduction of dentoalveolar fractures			
	OS112130	Surgical extractions			
	OS00590	Alveoplasty			

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MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
			Approved	Condition	Denied
DENTISTRY CATEGORY 1 Continued					
	OS10960	Removal of impacted teeth			
	OS12120	Surgical exposure of impacted teeth			
	OS10980	Removal of palati tori (exostosis)			
	OS10970	Removal of lingual tori			
	OS05320	Incision and drainage			
	OS05400	Incisional biopsy			
	OS07550	Management of minor infections			
	OS07560	Management of minor lacerations			
	OS04390	Excisional biopsy			
	OS03190	Dental implant surgery			
DENTOALVEOLAR SURGERY					
	OS07320	Management of deep space infections			
	OS07460	Management of major lacerations			
	OS07540	Management of cysts			
	OS04270	Excision of ranula			
	OS02760	Correction of hard tissue deformities			
	OS08990	Orthognathic surgery			
	OS02810	Correction of soft tissue deformities			
	OS10350	Preprosthetic surgery			
	OS11170	Repair of oral-antral, oral-nasal fistula			
	OS01780	Caldwell-Luc procedure			
	OS07470	Biopsy of suspected malignancies			
	OS11110	Repair of cleft palate and alveolar cleft palate defects			
	OS11360	Salivary duct surgery			
	OS11370	Salivary gland surgery for benign disease, submandibular sublingual			
	OS12610	Tongue surgery, reduction and local tongue flaps			
EXTRA ORAL SURGERY – CATEGORY 2					
	OS07170	Management of benign tumors of the head and neck			
	OS07420	Management of infections of the head and neck			
	OS07310	Management of cysts of the head and neck			
	OS06460	Lacerations of the face, head and neck and scar revisions			

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EXTRA ORAL SURGERY – CATEGORY 2 Continued					
	OS07800	Management of temporomandibular joint disturbances			
	OS01150	Arthroscopy of the TMJ			
	OS01150	Arthroscopy of the TMJ Using Holmium-YAG Laser, <u>Attach Required Certificate of Training</u>			
	OS08990	Orthognathic surgery, including reconstruction of traumatic facial deformities			
	OS06660	Lip shave commissurotomy and cheiloplasty for benign disease			
	OS04921	Harvesting of bone graft for maxillofacial reconstruction			
	OS04922	Harvesting of skin and mucosal tissue for maxillofacial reconstruction			
	OS04923	Harvesting of nerve (sural) for trigeminal nerve repair			
TRAUMA CARE – CATEGORY 2					
		Management of all forms of maxillofacial trauma including fractures.			
SEDATION					
General Anesthesia License or Deep/Moderate Sedation Certificate required.					
	OS99998	Moderate sedation			
	OS99999	Deep sedation			

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Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: _____

Date: _____

**** *For Hospital and/or Clinic Use Only* ****

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification
Code	Explanation:	

Chief of Section

Date

Chief of Service

Date

Credentials committee

Date

Medical Executive Committee

Date

APPROVED

Approved By Governing Body

Date