

Jersey City Medical Center
Medical-Dental Staff Office

Dear Doctor:

RE: **REQUEST OF CLINICAL PRIVILEGES**

Attached is a Delineation of Privileges form to request clinical privileges in the Department of Dentistry and Oral & Maxillofacial Surgery. Please review, place a check corresponding to each privilege that you wish to request and affix your signature approval.

If you are requesting privileges in Oral and Maxillofacial Surgery, please include documentation of the number of procedures performed in the past two (2) years.

Thank you.

**Jersey City Medical Center
Delineation Of Privileges**

Provider: **CLINICAL PRIVILEGES - DENTISTRY & OMFS**

Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
------	-----------	-------------------	----------------	------------------

APPLICANT'S CERTIFICATION OF MENTAL AND PHYSICAL COMPETENCY

To the best of my knowledge, I am not suffering from, nor undergoing treatment for any physical or mental condition which impairs my ability to discharge my responsibilities for patient care.

Signature of Applicant

Date

GENERAL PRACTICE

001	Restoration	_____	_____	_____
002	Fixed bridge work	_____	_____	_____
003	Removal bridge work	_____	_____	_____
004	Endodontics/Root canal	_____	_____	_____
005	Gingival treatment	_____	_____	_____
006	All phases of general dental treatment	_____	_____	_____

REHABILITATION OF DENTAL ARCHES

007	Operative restorations	_____	_____	_____
008	Crown and bridge preparation	_____	_____	_____
009	Prosthetic replacement of teeth	_____	_____	_____
010	Reimplantation of teeth	_____	_____	_____

ORAL PROTHESIS, ORAL PROTHESIS FOR MALFUNCTIONS OF FACE, JAW AND MOUTH

011	Congenial	_____	_____	_____
012	Pathological	_____	_____	_____
013	Traumatic	_____	_____	_____
014	Implant dentures	_____	_____	_____
015	Caldwell-luc procedures for root tip removal of antrum	_____	_____	_____

EXTRA ORAL-ORAL SURGERY

016	Minor infections	_____	_____	_____
017	Major infections	_____	_____	_____
018	Minor lacerations	_____	_____	_____
019	Major lacerations	_____	_____	_____

Current Status Codes:

D - Denied
N - Not Requested

L - Limitations/Conditions
A - Approved

**Jersey City Medical Center
Delineation Of Privileges**

Provider: **CLINICAL PRIVILEGES - DENTISTRY & OMFS**

Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
020	Minor Cysts	_____	_____	_____
021	Major extensive cysts	_____	_____	_____
EXTRACTION OF TEETH				
022	Single uncomplicated extractions	_____	_____	_____
023	Multiple uncomplicated extractions	_____	_____	_____
024	Surgical removal impacted teeth	_____	_____	_____
025	Surgical removal imbedded teeth	_____	_____	_____
INTRA ORAL SURGERY				
026	Root resections	_____	_____	_____
027	Alveolotomy	_____	_____	_____
028	Alveoplasty	_____	_____	_____
029	Torus Palitnus	_____	_____	_____
030	Torus Mandibularis	_____	_____	_____
031	Minor Lacerations	_____	_____	_____
032	Ranula	_____	_____	_____
033	Lip Surgery	_____	_____	_____
034	Lip surgery-Congenial	_____	_____	_____
035	Lip surgery-Pathological	_____	_____	_____
036	Lip surgery-Traumatic	_____	_____	_____
037	Salivary gland surgery	_____	_____	_____
038	Benign tumors	_____	_____	_____
039	Malignant tumors	_____	_____	_____
040	Incision and drainage	_____	_____	_____
FRACTURES OF THE JAWS AND ASSOCIATED STRUCTURES				
041	Maxilla, closed reduction	_____	_____	_____
042	Maxilla, open reduction	_____	_____	_____
043	Severe lacerations	_____	_____	_____
044	Simple intra oral biopsy	_____	_____	_____

Current Status Codes:

D - Denied
N - Not Requested

L - Limitations/Conditions
A - Approved

**Jersey City Medical Center
Delineation Of Privileges**

Provider: CLINICAL PRIVILEGES - DENTISTRY & OMFS

Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
045	Benign tumors	_____	_____	_____
046	Malignant tumors	_____	_____	_____
047	Minor cysts	_____	_____	_____
048	Major extensive cysts	_____	_____	_____
049	Minor infections	_____	_____	_____
050	Major infections	_____	_____	_____
051	Incision and drainage	_____	_____	_____
052	Salivary gland surgery	_____	_____	_____
053	Salivary duct surgery	_____	_____	_____
054	Tongue surgery	_____	_____	_____
055	Plastic repairs of cleft palate	_____	_____	_____
056	Plastic repairs of cleft palate-Congenial	_____	_____	_____
057	Plastic repairs of cleft palate-Pathological	_____	_____	_____
058	Plastic repairs of cleft palate-Traumatic	_____	_____	_____
059	Mandible, closed reduction	_____	_____	_____
060	Mandible, open reduction	_____	_____	_____
061	Zygoma, closed reduction	_____	_____	_____
062	Zygoma, open reduction	_____	_____	_____
ORTHOGNATIC PROCEDURES				
063	Tempromandibular joint procedure	_____	_____	_____
064	Tempomandibular joint procedure-Conservative	_____	_____	_____
065	Tempromandibular joint procedure-Surgical	_____	_____	_____
066	Preprosthetic procedures	_____	_____	_____
067	Preprosthetic procedures-Bone grafting	_____	_____	_____
068	Preprosthetic procedures-Dermal grafts	_____	_____	_____
069	Preprosthetic procedures-Implants	_____	_____	_____
070	Physicals	_____	_____	_____
071	Open and closed reduction nasal bone fractures	_____	_____	_____

Current Status Codes:

D - Denied
N - Not Requested

L - Limitations/Conditions
A - Approved

**Jersey City Medical Center
Delineation Of Privileges**

Provider: **CLINICAL PRIVILEGES - DENTISTRY & OMFS**

Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
071.1	Vestibuloplasty with skin grafting	_____	_____	_____
071.2	Submental liposuction	_____	_____	_____
071.3	Bone grafting	_____	_____	_____
071.4	Harvesting of anterior illiac crest	_____	_____	_____
072	Orif Orbital Fractures	_____	_____	_____
073	Orif Frontal Sinus Fractures	_____	_____	_____
074	Surgical treatment of all fractures of the facial skeleton	_____	_____	_____
075	Orthodontics	_____	_____	_____

DECLARATION

I, the undersigned, attest that I will discharge at the Jersey City Medical Center, only those Dental & OMFS privileges which are specifically recommended by the Director of Dentistry & OMFS as indicated above.

Applicant's Signature

Director of Dentistry & OMFS

Date Approved by Board of Trustees

Current Status Codes:

D - Denied
N - Not Requested

L - Limitations/Conditions
A - Approved