HEALTH CENTER
REQUEST FOR PRIVILEGES: Dentist and Dental Hygienist

General Requirements: Clinical privileges at River Hills Community Health Center shall be granted to members of the Dental Staff who are board certified or board eligible in general dentistry. All dental providers are required to become certified in CPR. Specific dental privileges are requested below.

Provider Name_____ Date: _____

I Procedure requiring privileging. Applicant complete columns II & III (Check privileges request column only if you are requesting that privilege be granted)	II Privilege Requested	III Number performed in last 3 years/total number performed	IV Approved Independent (Date)
Diagnostic			
Initial Oral Examination			
Periodic Oral Examination			
Emergency Oral Examination			
Periodontal Examination			
Pulp Vitality Tests			
Diagnostic Casts			
Palliative (emergency) Treatment of Dental Pain-minor procedures			
Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed			
Radiographs			
Intraoral – Complete Series			
Intraoral – Periapical – First Film			
Intraoral – Periapical – Each Additional Film			
Intraoral – Occlusal Film			
Bitewings – Single Film			
Bitewings – Two Films			
Bitewings – Four Films			
Panoramic Film			
Preventive			
Prophylaxis – Adult			
Prophylaxis – Child			
Topical Application of Fluoride – Child			
Topical Application of Fluoride – Adult			
Nutritional Counseling for the Control of Dental Disease			
Oral Hygiene Instruction			
Sealant – Per Tooth			
Space Maintainer – Fixed – Unilateral			
Space Maintainer – Fixed - Bilateral			
Recementation of Space Maintainer			
Restorative			
Amalgam Restorations			
Amalgam – Primary Amalgam – Permanent			

Resin Restorations			
Resin – Anterior			
Composite Resin Crown – Anterior – Primary			
Resin – Posterior – Primary			
Diagnostic			
Resin – Posterior – Permanent			
Crown – Single Restorations Only			
Crown – Resin (Laboratory)			
Crown – Resin with Metal			
Crown – Porcelain/Ceramic Substrate			
Crown- Porcelain Fused to Metal			
Crown – ¾ Cast Metallic			
Other Restorative Services			
Recement Inlay/Crown			
Prefabricated Stainless Steel Crown – Primary			
Prefabricated Stainless Steel Crown – Permanent			
Prefabricated Resin Crown			
Prefabricated Stainless Steel Crown w/ Resin Window			
Sedative Filling			
Core Buildup, Including Any Pins			
Pin Retention – Per tooth, in addition to restoration			
Cast Post and Core in addition to crown			
Prefabricated post and core in addition to crown			
Labial Veneer (Laminate) – Chairside			
Temporary Crown (Fractured Tooth)			
Crown Repair, By Report			
Endodontics			
Pulp Capping			
Pulp Cap – Direct			
Pulp Cap – Indirect			
Pulpotomy			
Therapeutic Pulpotomy			
Root Canal Therapy			
Anterior			
Bicuspid			
Molar			
Apexification/Recalcification – Initial, Interim and Final Visits			
Periapical Services			
Apicoectomy/Periradicular Surgery			
Retrograde Filling – Per Root			
Root Amputation – Per Root			
Intentional Replantation (Including Splinting)			
Diagnostic			
Other Endodontic Procedures			
Surgical Procedure for Isolation of Tooth With Rubber Dam			
Bleaching of discolored Tooth			
Unspecified Endodontic Procedure, By report (Pulpectomy)			

Periodontics			
Surgical Services			
Gingivectomy or Gingivoplasty			
Gingival Curettage, Surgical			
Gingival Flap Procedure, Including Root Planing			
Crown Lengthening, Hard and Soft Tissue			
Adjunctive Periodontal Services			
Periodontal Scaling and Root Planing			
Periodontal Scaling & Root Planning -One to three teeth			
Periodontal Scaling Performed in the Presence of Gingival Inflammation			
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation & Dx			
Local Chemotherapy, per tooth (e.g., Atridox)			
Periodontal Maintenance Procedures (Following Active Therapy)			
Brief Complete Scaling --Child			
Brief Complete Scaling--Adult			
Scaling per 15 minutes			
Scaling per Quadrant			
Gross Debridement—Acute Gingival Condition, Including ANUG			
Periodontal Scaling Performed in the presence of Gingival Inflammation			
Polish Part of Prophylaxis			
Oral Hygiene Review			
Dental Prevention Counseling			
Prosthodontics (Removable)			
Complete /Partial Dentures			
Complete Upper/Lower			
Immediate Upper/Lower			
Upper/Lower – Resin Base			
Upper/Lower Partial – Cast Metal Base with Resin Saddles			
Adjust Complete or Partial Denture			
Repairs to Dentures			
Repair Broken Complete or Partial Denture Base			
Replacing Missing or Broken Teeth – Complete or Partial Denture			
Repair Cast Framework/Clasp			
Add Tooth to Existing Partial Denture			
Add Clasp to Existing Partial Denture			
Rebase Complete/Partial Denture			
Reline Complete/Partial Denture (Chairside)			
Reline Complete/Partial Denture (Laboratory)			
Other Removable Prosthetic Services			
Interim Partial Denture			
Tissue Conditioning			
Prosthodontics, Fixed			
Bridge Pontics			

Pontic – Cast Metal			
Pontic – Porcelain Fused to Metal			
Pontic – Resin with Metal			
Bridge Retainers – Crowns			
Crown – Resin with High Noble Metal			
Crown – Porcelain Fused to Metal			
Crown – ¾ Cast Metal			
Crown – Full Cast Metal			
Other Fixed Prosthetic Services			
Recement Bridge			
Core Build Up For Retainer			
Bridge Repair			
Oral Surgery			
Extractions			
Simple Extractions			
Root Removal – Exposed Roots			
Surgical Extractions			
Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth			
Removal of Impacted Tooth – Soft Tissue Removal of Impacted Tooth – Partially Bony Removal of Impacted Tooth – Completely Bony			
Removal of Impacted Tooth – Completely Bony with Unusual Surgical Complications			
Surgical Removal of Residual Tooth Roots (Cutting Procedure)			
Other Surgical Procedures			
Tooth Reimplantation and/or Stabilization of Accidentally Avulsed or Displaced Tooth and/or Alveolus			
Tooth Implantations			
Surgical Exposure of Impacted or Unerupted to Aid Eruption			
Biopsy of Oral Tissue – Hard			
Biopsy of Oral Tissue – Soft			
Alveoplasty – Surgical Preparation of Ridge for Dentures			
Alveoplasty in Conjunction With Extractions			
Alveoplasty Non In Conjunction With Extractions			
Surgical Excision of Reactive Inflammatory Lesions			
Radical Excision – Lesions Diameter up to 1.25cm			
Removal of Tumors, Cysts and Neoplasms			
Excision of Benign Tumor – Lesion < 1.25cm			
Removal of Odontogenic Cyst or Tumor – Lesion Diameter up to 1.25cm			
Removal of NonOdontogenic Cyst or Tumor – Lesion Diameter up to 1.25cm			
Excision of Bone Tissue			
Removal of Exostosis – Maxilla or Mandible			
Surgical Incision			

Incision and Drainage of Abscess – Intraoral Soft Tissue			
Incision and Drainage of ABCs – Extraoral Soft Tissue			
Removal of Foreign Body, Skin, or Subcutaneous Tissue			
Removal of Reaction – Producing Foreign Bodies Musculoskeletal Systems			
Sequestrectomy for Osteomyelitis			
Repair of Traumatic Wounds			
Suture of Recent Small Wounds up to 5cm			
Diagnostic			
Complicated Suturing			
Complicated Suture – Up to 5 cm			
Complicated Suture – Greater than 5 cm			
Other Repair Procedures			
Frenulectomy (Frenectomy or Frenotomy) – Separate Procedures			
Excision of Hyperplastic Tissue			
Excision of Pericoronal Gingiva			
Orthodontics			
Minor Treatment for Tooth Guidance			
Removal Appliance Therapy			
Minor Treatment to Control Harmful Habits			
Removal Appliance Therapy			
Interactive Orthodontic Treatment			
Removal Appliance Therapy			
Adjunctive General Services			
Anesthesia			
Regional Block Anesthesia			
Analgesia (N2O2)			
Miscellaneous Services			
Application of Desensitizing Medicaments			
Occlusal Guards			
Fabrication of Athletic Mouthguards			
Occlusal Adjustment - Limited			

I have not requested privileges for any procedures for which I am not competent. Further, I realize that certification by a Board does not necessarily qualify me to perform certain procedures. However, I believe that I am qualified to perform all procedures for which I have requested privileges. I also certify that I have no mental or physical conditions which would limit my clinical abilities. I have attached information (CME, certificates, course curricula, etc.) that qualifies me to do specific procedures.

_____

Printed Name of Applicant

_____ _____

Signature of Applicant Date

Approved by:

Dental Director

CEO Date