



ORAL AND MAXILLOFACIAL SURGERY

**Kettering Medical Center
Kettering Hospital/Sycamore Hospital**

Clinical Privileges Profile

CATEGORY I - Oral and Maxillofacial Surgeons

Requested

Recommended

1. Trauma: The treatment of maxillofacial injuries, which may include:

_____ Reduction of facial fractures involving the mandibular, maxillary, nasal, _____
and frontal bones, zygomatic and naso-orbital-ethmoidal complexes

_____ Repair of extensive facial lacerations, avulsive hard and soft tissue defects, _____
including transected nerves, damaged salivary ducts, and other specialized
structures

2. Reconstructive Surgery

The correction and repair of hard and soft tissue abnormalities of the face,
including post-traumatic and post-oncologic deformities and defects which
may require:

_____ 1) Bone, skin, nerve, mucosal, and other tissue grafts _____

_____ 2) Vestibuloplasties, osteotomies, and alveolar ridge augmentations _____

_____ 3) Grafts and implants of autogenous bone, allogeneic bone, alloplastic _____
materials and other surgical devices for oral and facial reconstruction

_____ 4) Harvesting of autogenous bone, dermis, fascia, and cartilage _____

_____ Hard and soft tissue repair of clefts and deformities of lip, palate, maxilla, _____
and other congenital maxillofacial abnormalities

_____ Repair of oroantral and oronasal fistulae and stomas, with or without _____
grafting

_____ Repair of continuity defects of the mandible and reconstruction of _____
missing portions of the mandible, maxilla and zygomatic complex

_____ Microsurgical procedures _____

_____ Surgical management of arthritides, internal derangement, ankylosis and _____
other disorders of the temporomandibular joint

<u>Requested</u>	<u>Recommended</u>
-------------------------	---------------------------

- | | |
|---|-------|
| _____ Arthroscopic procedures:
1) Lysis and lavage | _____ |
| _____ 2) Arthroscopic surgery | _____ |
| _____ Liposuction | _____ |
|
3. Surgical Management of Pathologic Conditions | |
| _____ Removal of lesions from the head and neck regions | _____ |
| _____ Treatment of severe infections of the oral cavity, salivary glands, mandible, maxilla, other facial bones and adjacent fascial spaces of the head and neck | _____ |
| _____ Treatment of lesions with laser therapy | _____ |
|
4. Dentofacial and Craniofacial Deformities | |
| _____ Correction of congenital, developmental and acquired dentofacial and craniofacial deformities, including maxillary and mandibular dysplasia, hyperplasia, hypoplasia, facial asymmetry, and other cosmetic and functional deformities including the nose, orbit, and zygoma | _____ |
|
5. Dentoalveolar Surgery | |
| _____ Extractions -- complicated and uncomplicated | _____ |
| _____ Alveoplasty | _____ |
| _____ Intraoral incise and drain | _____ |
| _____ Intraoral implants | _____ |
| _____ Periodontal procedures | _____ |
| _____ Minor tooth movement | _____ |
| _____ Frenectomy | _____ |
| 6. _____ Performance of procedural sedation. | _____ |
| 7. _____ Laser surgery (please specify type/s) | _____ |

CATEGORY II - General dentists who have successfully completed an ADA approved general practice residency

- | | |
|---------------------------------------|-------|
| 1. Restorative procedures | |
| _____ Prosthetic replacement of teeth | _____ |

<u>Requested</u>	<u>Recommended</u>
_____ Pulpotomy	_____
_____ Conventional endodontics	_____
2. _____ Radiographic procedures	_____
3. Dentoalveolar surgery	
_____ Extractions—uncomplicated	_____
_____ Alveoplasty	_____
_____ Intraoral incise and drain	_____
_____ Intraoral implants	_____
_____ Periodontal procedures	_____
_____ Minor tooth movement	_____
_____ Frenectomy	_____

CATEGORY III - All other specialists (Board eligible or certified specialist) to practice in their specific specialty area:

_____ Periodontology	_____
_____ Pedodontics	_____
_____ Orthodontics	_____
_____ Radiology	_____
_____ Endodontics	_____
_____ Prosthodontia	_____

NOTE: Extension or reduction of clinical privileges may be requested at any time by submitting an appropriate request along with documentation of training to the Department of Surgery.

Signature of Practitioner Date

Signature of Clinical Service Chief Date