

**CLEVELAND AMBULATORY SURGERY CENTER
 DELINEATION OF CLINICAL PRIVILEGES
 Oral Surgery**

Applicant's Signature	Date
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The granting, reviewing and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

Indicate procedures for which you **do** and **do not** wish to be credentialed. Return this form with your Application.

Procedures	Credentialing Request		Recommendation by QM Committee	
	Yes	No	Yes	No
Alveoplasty				
Biopsy				
Cystectomy				
Dental Restorations				
Gingivectomy				
Wisdom Tooth Extraction				
Wiring of Fractured Jaw				
Exostosis Excision				
Bone Trim				
Exam Under Anesthesia, TMJ Manipulation				
Fistula Closure				
Fractures, Closed Reduction				
Tooth Extraction				
Full or Partial Odontectomy w/wo Prosthetic Placement				
Incision and Drainage				
Minor Salivary Gland Surgery				
Full/Partial Periodontal Surgery				
Pre-Prosthetic Surgery				
Relocation Mandibular Dislocation				
Odontectomy, Surgical				
Oral Lesion Excision				
Soft Tissue Tumor Excision				
Oral Cavity Reconstruction				
Osteotomy, Minor				
Mandibular Wiring				
Removal Wires, Bars, Splints				
Placement of Dental Arches				
Intravenous conscious sedation				

For Administrative Purposes Only

Clinical privileges recommendations approved by Governing Body. _____	Facility President	Date
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