

**ATRIUM HEALTH UNION  
DENTISTRY DOP**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- My DOP is accurate and reflects privileges relevant to my current practice
- I have listed privileges that should be removed:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***IF YOUR ROSTER INDICATES THAT YOU HOLD ANY OF THE PRIVILEGES HIGHLIGHTED BELOW, YOU MUST PROVIDE THE MAINTENANCE CRITERIA AS DESCRIBED, IN ORDER TO MAINTAIN THE PRIVILEGE. THIS ATTESTATION AND ANY MAINTENANCE CRITERIA MUST BE RETURNED TOGETHER.***

N/A - there is currently no required maintenance

**STOP:**

Unless you are requesting new privileges, you do not need to go past this point.



**CAROLINAS HEALTHCARE SYSTEM UNION**

Provider Name: \_\_\_\_\_

Privilege/Procedure Application Form

**Department of: Surgery**

**Specialty: Dental**

SubCategory: Extractions

Privilege/Procedure

- \_\_\_\_\_ MULTIPLE, UNCOMPLICATED
- \_\_\_\_\_ SINGLE, UNCOMPLICATED
- \_\_\_\_\_ SURGICAL REMOVAL, EMBEDDED
- \_\_\_\_\_ SURGICAL REMOVAL, IMPACTED

SubCategory: Extra Oral Surgery

Privilege/Procedure

- \_\_\_\_\_ CYSTS: MAJOR, EXTENSIVE
- \_\_\_\_\_ CYSTS: MINOR
- \_\_\_\_\_ INCISION AND DRAINAGE BARTHOLIN CYST ABSCESS
- \_\_\_\_\_ INFECTIONS: MAJOR
- \_\_\_\_\_ INFECTIONS: MINOR
- \_\_\_\_\_ LACERATIONS (MINOR)
- \_\_\_\_\_ LACERATIONS: (SEVERE)
- \_\_\_\_\_ LIP SURGERY: CONGENITAL
- \_\_\_\_\_ LIP SURGERY: PATHOLOGICAL
- \_\_\_\_\_ LIP SURGERY: TRAUMATIC
- \_\_\_\_\_ MAJOR LACERATIONS
- \_\_\_\_\_ SALIVARY GLAND EXCISION
- \_\_\_\_\_ TUMORS: BENIGN
- \_\_\_\_\_ TUMORS: MALIGNANT

SubCategory: Fracture Care & Other

Privilege/Procedure

- \_\_\_\_\_ MANDIBLE: CLOSED REDUCTION
- \_\_\_\_\_ MANDIBLE: OPEN REDUCTION
- \_\_\_\_\_ MAXILLA: CLOSED REDUCTION
- \_\_\_\_\_ MAXILLA: OPEN REDUCTION
- \_\_\_\_\_ ZYGOMA: CLOSED REDUCTION
- \_\_\_\_\_ ZYGOMA: OPEN REDUCTION

SubCategory: Intra Oral Surgery

Privilege/Procedure

\_\_\_\_\_ ALVEOLECTOMY  
\_\_\_\_\_ ALVEOPLASTY  
\_\_\_\_\_ CALDWELL IUC PROCEDURE FOR ROOT TIP REMOVAL FROM ANTRUM  
\_\_\_\_\_ CYSTS: INCISION AND DRAINAGE  
\_\_\_\_\_ CYSTS: MAJOR, EXTENSIVE  
\_\_\_\_\_ CYSTS: MINOR  
\_\_\_\_\_ INCISION AND DRAINAGE  
\_\_\_\_\_ INFECTIONS: MAJOR  
\_\_\_\_\_ INFECTIONS: MINOR  
\_\_\_\_\_ LACERATIONS (MINOR)  
\_\_\_\_\_ LACERATIONS: (SEVERE)  
\_\_\_\_\_ PLASTIC REPAIRS OF CLEFT PALATE: CONGENITAL  
\_\_\_\_\_ PLASTIC REPAIRS OF CLEFT PALATE: PATHOLOGICAL  
\_\_\_\_\_ PLASTIC REPAIRS OF CLEFT PALATE: TRAUMATIC  
\_\_\_\_\_ RANULA  
\_\_\_\_\_ ROOT RESECTIONS  
\_\_\_\_\_ SIMPLE INTRA ORAL BIOPSY  
\_\_\_\_\_ SURGERY: SALIVARY DUCT  
\_\_\_\_\_ SURGERY: SALIVARY GLAND  
\_\_\_\_\_ SURGERY: TONGUE  
\_\_\_\_\_ TORUS MANDIBULARIS  
\_\_\_\_\_ TORUS PALATINUS  
\_\_\_\_\_ TUMORS: BENIGN  
\_\_\_\_\_ TUMORS: MALIGNANT

SubCategory: Oral Prosthesis

Privilege/Procedure

\_\_\_\_\_ IMPLANT DENTURES  
\_\_\_\_\_ ORAL PROSTHESIS FOR MALFORMATIONS OF THE FACE, JAWS AND MOUTH: CONGENITAL  
\_\_\_\_\_ ORAL PROSTHESIS FOR MALFORMATIONS OF THE FACE, JAWS AND MOUTH: PATHOLOGICAL  
\_\_\_\_\_ ORAL PROSTHESIS FOR MALFORMATIONS OF THE FACE, JAWS AND MOUTH: TRAUMATIC

SubCategory: Rehabilitation of Dental Arches

Privilege/Procedure

\_\_\_\_\_ CROWN AND BRIDGE PREPARATION  
\_\_\_\_\_ IMPLANTATION OF TEETH  
\_\_\_\_\_ OPERATIVE RESTORATIONS  
\_\_\_\_\_ PROSTHETIC REPLACEMENT OF TEETH

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date