



Privileges in Dentistry Service

Physician name:

Education/Training

Successful completion of an accredited Residency/Fellowship
In Dentistry or equivalent Training

AND

Current certification or active participation in the examination
Process leading to certification in Dentistry from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital

--

Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Privileges include:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, and provide treatment to dentistry patients	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	General Dentistry includes:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	General dental diagnoses	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Treatments and procedures done by general dentists typically in an ambulatory setting must be done in the hospital in some patients. This is to include oral biopsy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	History and physical as it relates to dentistry	<input checked="" type="checkbox"/>

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Dento-Alveolar Surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Orthodontics	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Maxillofacial Prosthodontics	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Dental Implants	<input checked="" type="checkbox"/>

Additional Privileges:

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-

Approved By:-

Medical director signature: -

Date:.....