

**ATRIUM HEALTH SURGERY CENTER SHELBY  
 DELINEATION OF CLINICAL PRIVILEGES  
 Oral Surgery**

Applicant's Signature	Date
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Printed Name: \_\_\_\_\_

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	
	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		