

**SCOTLAND HEALTH CARE SYSTEM**  
**Clinical Privilege Delineation Form**  
**Specialty: DENTISTRY**

PHYSICIAN NAME: \_\_\_\_\_

I. **Special Requirements:**

- A. In all cases, whether inpatient or outpatient, a physician member of the Medical Staff must write specific orders on the patient's chart in order for a dentist to treat that patient.
- B. The attending physician shall be responsible for the care of any medical problem that may be present on admission or that may arise during the hospitalization of a dental patient and shall be responsible for the overall care of the patient, including the medical history and physical examination.
- C. The dentist shall be responsible for that portion of the history and physical examination specific to the patient's dental problem. The dentist shall also be responsible for documenting visits and procedures performed in the physician's progress notes. Dentists may write orders and prescribe medications within the limits of their licensure.
- D. The nature and degree of supervision of the dentist by the attending physician shall, in each instance, be a matter for the professional judgment of the physician.

**REHABILITATION OF DENTAL ARCHES**

Procedure	Requested	Procedure	Requested
Operative Restorations		Prosthetic Replacement of Teeth	
Crown and Bridge Preps.		Implantation of Teeth	

**ORAL PROSTHESIS**

Procedure	Requested
Oral Prosthesis for malformations of the face, jaws, and mouth:	
Congenital	
Pathological	
Traumatic	
Implantation of Dentures	

**EXTRACTION OF TEETH**

Procedure	Requested
Simple, uncomplicated extractions	
Multiple uncomplicated extractions	
Surgical removal of impacted teeth	
Surgical removal of embedded teeth	

**INTRAORAL SURGERY**

Procedure	Requested	Procedure	Requested
Root Resections		Minor Infections	
Alveolectomy		Major Infections	
Alveoplasty		Incision and Drainage	
Torus Palatinus		Salivary Gland Surgery	
Torus Mandibularus		Salivary Duct Surgery	
Minor Lacerations		Tongue Surgery	
Severe Lacerations		Ranula	
Benign Tumors		Caldwell-Luc Procedure for Root Tip Removal from Antrum	
Malignant Tumors		Plastic Repairs of Congenital Cleft Palate	
Minor Cysts		Plastic Repairs of Pathological Cleft Palate	
Major Extensive Cysts		Plastic Repairs of Traumatic Cleft Palate	

***EXTRAORAL/ORAL SURGERY***

Procedure	Requested	Procedure	Requested
Minor Infections		Congenital Lip Surgery	
Major Infections		Pathological Lip Surgery	
Minor Lacerations		Traumatic Lip Surgery	
Major Lacerations		Salivary Gland Surgery	
Minor Cysts		Benign Tumors	
Major Extensive Cysts		Incision and Drainage	

***FRACTURES OF THE JAWS AND ASSOCIATED STRUCTURES***

Procedure	Requested
Maxilla, Closed Reduction	
Maxilla, Open Reduction	
Mandible, Closed Reduction	
Mandible, Open Reduction	
Zygoma, Closed Reduction	
Zygoma, Open Reduction	

I request clinical privileges in Dentistry, as outlined above.

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

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