

**THE NEW YORK EYE AND EAR INFIRMARY**

**DELINEATION OF PRIVILEGES**

**DIVISION OF ORAL SURGERY/DENTAL**

**AMBULATORY/INPATIENT**

**NAME:**

( Please Print)

**Instruction:**

**Applicant: Please put a tick(✓) in the Privilege Requested Column**

**Chairman/Director: Please put a tick(✓) in the appropriate column.**

		<b><u>Director of Services</u></b>	
	Privilege Requested	Privilege Denied	Privilege Approved
<b><u>REHABILITATION OF DENTAL ARCHES</u></b>			
Operative restorations		_____	_____
Crown and bridge preparation		_____	_____
Prosthetic replacement of teeth		_____	_____
Implantation of teeth		_____	_____
<b><u>ORAL PROSTHESIS</u></b>			
Oral prosthesis for malformations of the face, jaws and mouth			
congenital		_____	_____
pathological		_____	_____
traumatic		_____	_____
Implant dentures		_____	_____
<b><u>EXTRA ORAL B ORAL SURGERY</u></b>			
Minor infections		_____	_____
Major infections		_____	_____
Major extensive cysts		_____	_____
Minor cysts		_____	_____
Salivary gland surgery		_____	_____
Benign tumors		_____	_____
Malignant tumors		_____	_____
Incision and drainage		_____	_____

Privilege Requested	<u>Director of Services</u>	
	Privilege Denied	Privilege Approved

**EXTRACTION OF TEETH**

Single uncomplicated extractions	_____	_____
Multiple uncomplicated extractions	_____	_____
Surgical removal of impacted teeth	_____	_____
Surgical removal of embedded teeth	_____	_____

**FRACTURES OF THE JAW AND OTHER ASSOCIATED STRUCTURES**

Maxilla, closed reduction	_____	_____
Maxilla, open reduction	_____	_____
Mandible, closed reduction	_____	_____
Mandible, open reduction	_____	_____
Zygoma, closed reduction	_____	_____
Zygoma, open reduction	_____	_____

**INTRA ORAL SURGERY**

Root resections	_____	_____
Alveolectomy	_____	_____
Alveoplasty	_____	_____
Torus paritnus	_____	_____
Torus mandibularis	_____	_____
Minor lacerations	_____	_____
Severe lacerations	_____	_____
Simple intra oral biopsy	_____	_____
Benign tumors	_____	_____
Malignant tumors	_____	_____
Minor cysts	_____	_____
Major extensive cysts	_____	_____
Minor infections	_____	_____
Major infections	_____	_____
Incision and drainage	_____	_____
Salivary gland surgery	_____	_____
Salivary duct surgery	_____	_____
Tongue surgery	_____	_____
Plastic repairs of cleft palate - ANTERIOR ONLY	_____	_____
congenital	_____	_____
pathological	_____	_____
traumatic	_____	_____
Ranula	_____	_____

Caldwell-Luc procedures  
for root tip removal from  
antrum.

Privilege  
Requested

**Director of Services**

Privilege  
Denied

Privilege  
Approved

\_\_\_\_\_

\_\_\_\_\_

**OTHER PROCEDURES**

Maxillary osteotomies

Mandibular osteotomies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Donald Wood-Smith, M.D., Director of Division of  
Oral Surgery/ Chairman of Plastic Surgery

REVISIED: 9.11.2007