

DENTISTRY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – Shands Jax/SJ TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	GENERAL DENTISTRY CORE PRIVILEGES	APPR
										LEVEL 1 - Consultative and Surgical Privileges Work-up, consultation, assessment, and provision of diagnostic, preventative or therapeutic oral healthcare. Includes treatment of various routine conditions of the oral cavity, routine dental x-rays, the use of local anesthesia, uncomplicated restorative procedures, uncomplicated fixed and removable prosthetic procedures, uncomplicated unplanned emergency exodontia, minor surgical procedures in conjunction with planned operative procedures, uncomplicated unplanned emergency endodontic procedures in conjunction with planned operative procedures. [++Hospitals 2, 4, 5, 6, 10]	
										LEVEL 2 - Consultative Privileges Work-up, consultation, assessment, and provision of diagnostic, preventative or therapeutic oral healthcare. Includes treatment of various routine conditions of the oral cavity, routine dental x-rays, the use of local anesthesia, and uncomplicated general dentistry. [++Hospitals 2, 4, 5, 6, 10]	

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1	2	3	4	5	6	7	8	9	10	PEDODONTIC (PEDIATRIC DENTISTRY) CORE PRIVILEGES	APPR
										Restorative, preventative, and interceptive treatments, minor tooth movements, non-surgical pulp capping, and extraction of erupted teeth in association with restorative treatment	

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	PERIODONTIC CORE PRIVILEGES	APPR
										Surgical and non-surgical treatment and management of periodontal disease. Non-surgical therapy includes root planing, curettage, splinting and occlusal therapy. Surgical therapy includes treatment of osseous defects, osseous augmentation, mucogingival procedures. Additionally therapy includes restorative, endodontic and extraction procedures in association with periodontal treatment.	

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	ENDODONTIC CORE PRIVILEGES	APPR
										Non-surgical pulp capping, pulpotomy, root filling, resection and periapical treatment	

■ Privilege not available in this specialty at this hospital.

++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

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1	2	3	4	5	6	7	8	9	10	ORTHODONTIC CORE PRIVILEGES	APPR
										Preventative and interceptive treatments, minor and major tooth movements	

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	PROSTHODONTIC CORE PRIVILEGES	APPR
										General restorative dentistry, prosthodontic replacement of teeth, and prosthodontic management of defects of the jaws, face and associated structures; fabrication of cribs, meshes, splints and stents	

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	ORAL PATHOLOGY CORE PRIVILEGES	APPR
										General restorative dentistry, diagnosis and management of oral diseases and pathology	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, And/or may require additional proof of training or experience.	APPR
										Dental Implants [++Hospitals 3]	
										Moderate Sedation [++Hospitals 1, 2, 4, 5, 6, 7, 9, 10]	

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ Date: _____

■ Privilege not available in this specialty at this hospital.

++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.