

ORAL & MAXILLOFACIAL SURGERY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UFH Jax/UFH 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 | CORE PRIVILEGES | APPR |
|---|---|---|---|---|---|---|---|---|----|--|------|
| | | | | | | | | | | Work-up, admission, history and physical examination, assessment, consultation, surgical and non-surgical treatment of patients with illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. Includes dentoalveolar surgery; surgical treatment of maxillofacial lesions, cysts, tumors, infections, injuries, wounds, lacerations, upper/mid/low face fractures; surgery of salivary glands, ducts, and maxillary sinus; TMJ surgery; reconstruction, and orthognathic surgery for acquired, developmental and congenital anomalies; cleft lip and palate repair; the use of implants, meshes, pins, plates, staples, alloplasts; harvesting and grafting of skin, mucosa, cartilage, bone and fascia; nerve repair, reposition, and grafts; treatment of facial pain; and emergency tracheostomy. [Physicians desiring privileges for children <24 months at Wolfson must complete the Pediatric Oral and Maxillofacial Surgery form]) | |

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 | APPR |
|---|---|---|---|---|---|---|---|---|----|--|------|
| | | | | | | | | | | Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience. | |
| | | | | | | | | | | Arthroscopy of the Temporomandibular Joint (TMJ) [++Hospitals 1, 2, 3, 4, 5, 7, 10] | |
| | | | | | | | | | | Blepharoplasty - upper/lower eyelids [++Hospitals 4, 5, 6, 10] | |
| | | | | | | | | | | Craniofacial Surgery [++Hospitals 6] | |
| | | | | | | | | | | Contravis Microscope [++Hospitals 7] | |
| | | | | | | | | | | DaVinci Robot [++Hospitals 6] | |
| | | | | | | | | | | Deep Sedation [++Hospitals 6] | |
| | | | | | | | | | | Distraction Osteogenesis | |
| | | | | | | | | | | Facial Augmentation/ Reduction [++Hospitals 4] | |
| | | | | | | | | | | Free Vascularized Flaps [++Hospitals 6] | |

■ 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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| | | | | | | | | | | SPECIAL PROCEDURES | |
|---|---|---|---|---|---|---|---|---|----|--|-------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience. | APPR |
| | | | | | | | | | | Head and Neck Oncology Surgery [++Hospital 6] | |
| | | | | | | | | | | Laser Surgery – CO ₂ [++Hospitals 1, 6] | |
| | | | | | | | | | | Laser Surgery – Holmium [++Hospitals 1] | |
| | | | | | | | | | | Laser Surgery – nd:YAG [++Hospitals 1] | |
| | | | | | | | | | | Liposuction of the Maxillofacial Region [++Hospitals 4, 5, 6, 10] | |
| | | | | | | | | | | Microvascular and/or Pedicle Flap Reconstruction excluding Primary Digital Reimplantation [++Hospitals 6] | |
| | | | | | | | | | | Moderate Sedation [++Hospitals 1, 2, 3, 4, 5, 6, 7, 8, 9, 10] | |
| | | | | | | | | | | Muscle and Myocutaneous Flaps [++Hospitals 6] | |
| | | | | | | | | | | Nasal Procedures (e.g., Septoplasty, Rhinoplasty, Turbinectomy) [++Hospitals 6] | |
| | | | | | | | | | | Rhytidectomy (i.e., brow lift, face lift, neck lift, platysmal plication) [++Hospitals 6] | |
| | | | | | | | | | | Tracheostomy [++Hospitals 6] | |

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:** _____

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