

**Harris Methodist Southlake  
Center for Diagnostics and Surgery**

**Core Privileges in Oral and Maxillofacial Surgery**

**Name:** \_\_\_\_\_

Please indicate with a check mark the privileges requested.

**Qualifications**

To be eligible for core privileges in oral and maxillofacial surgery, the applicant must meet the following qualifications:

- Possession of DDS or DMD;
- and**
- Documentation of the performance of 75 major oral and maxillofacial surgery procedures in the past two years;
- and**
- Successful completion of an American Dental Association–accredited residency in oral and maxillofacial surgery that includes training for procedures of the soft and hard tissues as well as history and physicals. Those physicians without such training must demonstrate competence by proof of other training that includes both didactic and hands-on instruction
- and**
- Current certification or eligibility to participate in the examination process leading to certification in their respective Board within 5 years of appointment.

**\_\_\_\_\_ Privileges included in the core:**

Privileges to admit; evaluate; diagnose; provide pre-, intra-, and postoperative treatment to patients of all ages—except where specifically excluded from practice and except for those Special Procedure Privileges—to correct or treat various conditions, and injuries of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.

- Privileges include, but are not limited to, dental implant, dentoalveolar, surgical tooth extractions, harvesting of bone for graft, intraoral soft tissue, temporomandibular joint, facial and mandibular fractures and orthognathic surgery.
- Dental implant surgery;
- Dentoalveolar surgery: surgical extractions, alveoplasty, removal of impacte teeth, surgical exposure of impacted teeth, removal of palate tori (exostosis), removal of lingual tori
- Harvesting of bone graft for maxilloracial reconstruction
- Intraoral surgery to include management of deep space infections, major lacerations, minor and major cysts, excision of ranula, preprosthetic surgery, repair of oral-antral fistula, Caldwell-Luc procedure for removal of tooth, salivary duct surgery, salivary gland surgery, submandibular, sublingual
- Lacerations of the face, head and neck
- Lip shave and cheiloplasty for benign disease
- Management of temporomandibular (TMJ) disturbances, arthroscopy of the TMJ

- Open and closed reductions of facial fractures excluding frontal sinus fractures
- Open and closed reductions of mandibular fractures
- Orthognathic surgery

**Special procedures privileges**

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure within the last 2 years, consistent with the criteria set forth here.

Procedure	Criteria	Requested	Recommended	Not Recommended
Surgical correction of cleft lip and palate deformities and correction of those craniofacial deformities not requiring an intracranial approach.	10 cases			
Procedures designed to enhance and improve form and appearance of the maxillofacial region. Cosmetic surgery is performed on hard and soft tissues to correct maxillofacial adiposity and deformities of the chin, maxillofacial contour, rhytids, eyelids, nasal structures, soft tissue of the face and neck, skin surface contour, and ear.	20 cases			

**\*\*If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.**

**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **Harris Methodist Southlake** and

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: \_\_\_\_\_

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

**Credentials Committee Recommendations:** \_\_\_\_\_ **Recommend** \_\_\_\_\_ **Deny**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_

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

**Recommended/Not recommended with the following modification(s) and reason(s):**

\_\_\_\_\_  
\_\_\_\_\_