

NAPERVILLE SURGICAL CENTRE

Oral & Maxillofacial Privileges

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		Oral Prosthesis for Malformation of Face, Jaws & Mouth		
		Implant Prosthesis – Subperiosteal		
		Extraction of Teeth		
		Surgical Removal of Embedded Teeth		
		Surgical Odontectomies of Impacted Teeth		
		INTRA ORAL PROCEDURES:		
		Reimplantation of Teeth		
		Root Resection		
		Alveolectomy		
		Alveoplasty		
		Torus Palatinus		
		Torus Mandibularis		
		Minor/Major Laceration Repair		
		Intraoral Biopsy		
		Excision Benign Tumor		
		Excision Minor/Major Extensive Cyst		
		Treatment Minor/Major Infection		
		Incision and Drainage		
		Tongue Surgery		
		Ranula		
		Salivary Gland Surgery		
		Salivary Duct Surgery		
		Repairs of Cleft Palate		
		Caldwell-Luc		
		EXTRA ORAL PROCEDURES:		
		Treatment Minor/Major Infection		
		Minor/Major Laceration Repair		
		Excision Minor/Major Cysts		
		Lip Surgery		
		Salivary Gland Surgery		
		Excision Benign/Malignant Tumor		
		Incision & Drainage		

Name			Date	
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		FRACTURES OF THE JAWS AND ASSOCIATED STRUCTURES		
		Maxilla, Open/Closed Reduction		
		Mandible, Open/Closed Reduction		
		Nasal Fracture		
		Zygoma, Open/Closed Reduction		
		Laser Surgery		

I attest that I am competent to perform the above requested procedures and can provide documentation that I possess these privileges at an Illinois licensed hospital.

Applicant

Date

Medical Director

Date