

NAPERVILLE SURGICAL CENTRE

Oral Surgery / Dental Privileges

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		GENERAL DENTAL PROCEDURES:		
		Operative Restoration		
		Crown and Bridge		
		Prosthetic Replacement of Teeth		
		Endodontia		
		Periodontia		
		Oral Prosthesis for Malformation of Face, Jaws and Mouth		
		Extraction of Teeth		
		Surgical Removal of Embedded 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 Major Extensive Cyst		
		Treatment Minor Infections		
		Incision & Drainage		
		Tongue Surgery		
		Ranula		
		EXTRA ORAL PROCEDURES:		
		Treatment Minor Infections		
		Minor Laceration Repair		
		Excision Minor Cyst		
		Lip Surgery (Traumatic)		
		Excision Benign Tumor		

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