

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**  
**Dentistry / Oral and Maxillofacial Surgery**  
**Delineation of Privilege Form**  
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Name: \_\_\_\_\_

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

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category I Privileges</b>				
Restorative dental procedures				
Periodontics				
Orthodontics				
Exodontia I- removal of normally positioned teeth and minor alveolectomies				
Exodontia II- removal of malposed and unerupted and / or impacted teeth and extensive alveolectomies				
<b>Integumentary system</b>				
- Incision and drainage of abscesses				
- Incision and removal of foreign body				
- Biopsy procedures				
- Excision of cicatricial, fibrous, inflammatory or congenital cystic lesion of intraoral area				
- Excision of benign intraoral tumors				
- Excisional biopsy of intraoral malignant tumors				
- Suturing and repair of oral and perioral wounds				
<b>Musculoskeletal system (mandible and maxilla only)</b>				
- Sequestrectomy				
- Saucerization				
- Bone biopsy				
- Excision of bone cyst				
- Partial ostectomy				
- Extensive resection with bone graft				

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		Recommended	Not Recommended	Conditions (provide explanation)
- Osteoplasty or ostectomy or orthognathic surgery or correction of other defects				
- Osteoperiosteal or cartilage grafts				
<b>Fracture:</b>				
- Closed or open reduction and fixation of mandible and / or maxilla				
- Open or closed reduction and fixation of zygomatic arch				
Facial trauma (trimalar zygoma)				
<b>Tempomandibular joint:</b>				
- Arthrotomy				
- Arthrocentesis				
- Nonsurgical treatment of tempomandibular joint dysfunction				
- Arthrectomy				
- Meniscectomy				
- Arthroplasty or eminoplasty				
- Closed reduction of dislocation				
- Open reduction of dislocation				
- Arthroscopy				
Trachea, emergency tracheostomy				
<b>Dento-Alveolar Surgery:</b>				
- Implant surgery				
- Gingivectomy				
- Frenectomy				
- Apicoectomy				
- Antrostomy for recovery of root				
- Closure of oral antral fistula				
- Tooth transplantation and / or implantation				

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Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
- Surgical exposure of unerupted teeth				
- Stomatoplasty				
- Excision of hypertrophied tissue				
<b>Cysts and Neoplasms:</b>				
- Removal of odontogenic cyst one centimeter or less in diameter				
- Removal of cysts of hard and soft tissue of the mouth				
Nerves, excision and avulsion and / or injection (alcohol) of nerves				
<b>Salivary Glands:</b>				
- Sialolithotomy of ducts				
- Sialodochoplasty				
Excision of submaxillary gland				
<b>Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency &amp; fellowship or other acceptable advanced training</b>				
Use of laser: carbon dioxide				
Use of Laser: NdYag				
Use of Laser: Argon				

**Acknowledgment of Practitioner:**

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date