

LEVEL I	ROUTINE/GENERAL PRIVILEGES	REQUESTED	APPROVED	DENIED
<b>GENERAL</b>				
<ul style="list-style-type: none"> <li>Review patient's history, through chart review and patient interview. This includes present oral/dental problems, review of systems, past medical, family and psychosocial history.</li> </ul>				
<ul style="list-style-type: none"> <li>Perform oral and head and neck exam. Review and interpret dental and facial radiographs and relevant dental diagnostic information.</li> </ul>				
<ul style="list-style-type: none"> <li>Formulate an appropriate assessment of patient for dental treatment and dental treatment plan based on clinical finding, patient history, and chart review.</li> </ul>				
<ul style="list-style-type: none"> <li>Perform routine general dental procedures.</li> </ul>				
LEVEL II	ADVANCED PRIVILEGES	REQUESTED	APPROVED	DENIED
<b>ENDODONTICS</b>				
<ul style="list-style-type: none"> <li>Apexifications/ Apexogenesis treatment</li> </ul>				
<ul style="list-style-type: none"> <li>Marsupialization</li> </ul>				
<ul style="list-style-type: none"> <li>Perforation Repair</li> </ul>				
<b>PERIODONTICS</b>				
<ul style="list-style-type: none"> <li>Mesial/Distal Wedge</li> </ul>				
<ul style="list-style-type: none"> <li>Gingival/mucogingival flap</li> </ul>				
<ul style="list-style-type: none"> <li>Osseous Resective Surgery</li> </ul>				
<ul style="list-style-type: none"> <li>Osseous Graft</li> </ul>				
<ul style="list-style-type: none"> <li>Soft Tissue Graft</li> </ul>				
<ul style="list-style-type: none"> <li>Vestibuloplasty</li> </ul>				
<ul style="list-style-type: none"> <li>Root Amputation/Hemi section</li> </ul>				
<ul style="list-style-type: none"> <li>Gortex Regeneration</li> </ul>				
<ul style="list-style-type: none"> <li>Gingivectomy/Gingivoplasty</li> </ul>				
<b>PROSTHODONTICS</b>				
<ul style="list-style-type: none"> <li>Precision Attachments</li> </ul>				
<b>MAXILLOFACIAL PROSTHODONTICS</b>				
<ul style="list-style-type: none"> <li>Maxillofacial Prosthesis Repair</li> </ul>				
<ul style="list-style-type: none"> <li>Maxillofacial Prosthesis (impression, fabrication, delivery)</li> </ul>				
<ul style="list-style-type: none"> <li>Implant supported, dental and maxillofacial prosthesis</li> </ul>				
<ul style="list-style-type: none"> <li>Speech Bulb/Palatal Lift Prosthesis</li> </ul>				
<b>ORAL &amp; MAXILLOFACIAL SURGERY</b>				
<ul style="list-style-type: none"> <li>Surgical Tooth Removal or exposure</li> </ul>				
<ul style="list-style-type: none"> <li>Repair of Traumatic Wounds/suture laceration</li> </ul>				
<ul style="list-style-type: none"> <li>Oral-Antral or oral-nasal fistula repair</li> </ul>				
<ul style="list-style-type: none"> <li>Skin or Mucosal Grafts</li> </ul>				