

EVALUATION OF CLINICAL PRIVILEGES - ORAL & MAXILLOFACIAL SURGERY

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	ANESTHESIA	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Nitrous oxide - minimal sedation			
	b. IV sedation - moderate sedation/analgesia			
	c. IV sedation - deep sedation/analgesia			
	d. General anesthesia (ASA 1 AND 2)			
DENTOALVEOLAR SURGERY				
	a. Exodontia			
	b. Alveoloplasty			
	c. Exostosis removal			
	d. Vestibuloplasty, soft tissue management			
IMPLANTS				
	a. Intraoral - endosteal			
	b. Extraoral - endosteal			
	c. Cosmetic - chin, zygomas, infraorbital, frontal			
PATHOLOGY				
	a. Oral, facial, neck, skin biopsies - to include minor salivary and parotid glands			
	b. Removal of odontogenic and non-odontogenic bony or soft tissue tumors			
	c. Partial resection of the maxilla or mandible			
	d. Maxillary sinusotomy			
	e. Salivary gland surgery: submandibular and sublingual glands			
	f. Salivary gland surgery: parotid gland			
	g. Treatment of oro-nasal and oro-antral communications			
	h. Management of osteo-radio-necrosis			
	i. Vermilionectomy, wedge resection of lip			
RECONSTRUCTION				
	a. Maxillary, mandibular			
	b. Facial			
TEMPOROMANDIBULAR JOINT				
	a. Open joint, arthrotomy			
	b. Closed joint, arthroscopy			
	c. Closed joint, arthrocentesis			
	d. Total joint reconstruction			

CODE	TRAUMA MANAGEMENT	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Repair of facial, head, neck, oral lacerations			
	b. Closed reduction of facial fractures			
	c. Open reduction of mandibular fractures			
	d. Open reduction of maxillary fractures (Le Fort I, II, III)			
	e. Open reduction of nasal fractures			
	f. Open reduction of malar fractures			
	g. Open reduction of orbital fractures			
	h. Open reduction of frontal sinus fractures			
	i. Open reduction of zygomatic arch fractures			
	j. Open reduction naso-orbital-ethmoidal complex fractures			
	k. Tracheostomy, cricothyroidotomy			
	ORTHOGNATHIC JAW SURGERY			
	a. Maxillary osteotomy: Le Fort I			
	b. Maxillary osteotomy: Le Fort II and modified (subcranial) Le Fort II			
	c. Maxillary osteotomy: Le Fort III			
	d. Mandibular osteotomy (intra-oral and extra-oral)			
	e. Malar osteotomy			
	ORAL - CERVICO - FACIAL INFECTIONS			
	a. Incision and drainage (intra-oral and extra-oral)			
	RECONSTRUCTIVE AND BONE GRAFT SURGERY			
	a. Iliac bone harvest			
	b. Rib harvest			
	c. Calvarial bone harvest			
	d. Tibial bone harvest			
	e. Conchal and septal cartilage			
	f. Abdominal fat			
	g. Full and split thickness skin grafts			
	h. Nerve harvest			
	RECONSTRUCTIVE SURGERY			
	a. Cleft lip and palate - primary closure			
	b. Cleft lip and palate - secondary revision			
	c. Alveolar cleft grafting			
	d. Primary nerve graft repairs			
	e. Secondary nerve graft repairs			
	f. Regional grafts			
	g. Facial reconstruction and bone grafting procedures			
	h. Hyoid suspension			
	i. Pharyngoplasty			
	FACIAL COSMETIC PROCEDURES			
	a. Alloplastic augmentation			
	b. Blepharoplasty			
	c. Brow lift			
	d. Cervicofacial liposuction, lipectomy			
	e. Facial resurfacing procedures			

CODE	FACIAL COSMETIC PROCEDURES <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	f. Septorhinoplasty			
	g. Rhytidectomy			
	h. Facial, neck, oral scar revision			
	i. Otoplasty			
	j. Medical treatment of facial rhytids (e.g., Botox injections)			
MISCELLANEOUS				
	a. History and physical examination			
	b. Hospital admission			
	c. Reconstructive surgery with major flaps			
	(1) Pedicle flaps			
	(2) Microvascular flaps			
LASER PRIVILEGES				
	a. Laser Excision/Ablation of intraoral lesions.			
	b. Laser Excision/Ablation of maxillofacial cutaneous lesions and facial rhytids.			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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