

PRIVILEGES FORM: DENTAL IMPLANTS PRIVILEGE REQUEST

Applicant's Name:

License No. :

Scope of Practice:

	Privileges	For applicant use		For committee use		
		Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1	Cases with sufficient bone					
2	Cases of single implant for single tooth Restoration					
3	Cases of fixed partial dentures of three units, supported by two dental implants					
4	Cases of dental implants in the mandible to support removable full denture					
5	Cases with more than 2 neighboring dental implants in the same arch to support fixed partial denture of multiple units					
6	Cases of not neighboring implants in the same arch which is to support a full arch restoration of splinted or non-splinted units					
7	Cases of insufficient bone that require the use of advanced surgical techniques for bone augmentation of the Maxilla & Mandible					
8	Cases that would require any kind of clinical application of the concepts of guided bone regeneration or maxillary sinus lifting that includes both Osteotome technique or lateral window sinus lift					
9	Surgical Placement of endosseous implants					

Committee Decision:

Evaluation type:

- By Interview (virtual / personal)
 By documents only
 Or both

Other comments:

.....
.....

Clinical privileging committee members:

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

Committee members:

Name: Date:

Signature: Stamp:

Name: Date:

Signature: Stamp:

Name: Date:

Signature: Stamp:

Medical director of the facility:

Name: Date:

Signature: Stamp:

Guidelines For Implant Privilege Request

1. Updated Curriculum - Vitae (C. V).
2. Personal declaration of dental privileges.
3. Copy of bachelor's degree & postgraduate degree certificates.
4. Copy of training certificate/courses attended in the requested privilege.
5. Copy of work experience in the requested privilege if have.
6. Treated cases for Implant privilege.

Presentation Guidance Scheme for dental implant privilege.

Case documentation should include Clinical photographs and radiographs as the guideline below:

1. **Photographs:** before surgery, photo during and after healing.
2. **Radiograph:** before surgery X-ray, after surgery X-ray up to 1 year follow-up. Radiograph should be of good quality exposing the entire site or the area of the surgery.
3. **Formats:** PowerPoint presentation or Similar Program.
4. **Number of Cases:** Should not be less than 10 completed cases.