

NON-CORE PRIVILEGE FORM: PEDODONTICS (PEDIATRIC DENTISTRY) 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	Preventive Dental Care (Including Oral Hygiene, Injury Prevention, Dietary & Habit counseling)					
2	Behavior Management Techniques for Apprehensive Children (Including Voice Control, Non-verbal Communication, Tell-show-do, Positive Reinforcement, Distraction, Parental Presence /Absence, Hand Over Mouth & Physical Restraint)					
3	Aversive Behavioral Management (Including Digital & Non-nutritive Sucking Behavior, Tongue & Swallowing Habits)					
4	Management of Bruxism					
5	Interceptive Orthodontic Treatment (Correction of Anterior & Posterior Cross Bite, Space Regainers, Maxillary Expansion with Removable Appliances)					
6	Serial Extraction					
7	Pulpectomy					
8	Prosthetic Procedures (Including Fabrication/ Insertion of Stainless-Steel Crowns)					

9	Uncomplicated Extraction of Primary & Permanent Teeth, Full Management of All Types of Tooth Injuries (Traumas)					
10	Treatment of Medically Compromised Physically & Mentally Disables Children Under Local or General Anesthesia in Operating Room					
Additional Privileges (Specify if any):						

Committee Decision:

Evaluation type:

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

Other comments:

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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:

Pedodontic Case Submission Guidelines for Non-Core Privilege

The procedure do not need case submission is as follows:

1. Preventive dental care (including oral hygiene, injury prevention, dietary and habit counselling)
2. Behavior management technique
3. Un-complicated extractions for primary and permanent teeth.

The following privilege require case submission to prove the capability of the candidates to do the dental procedure, he or she is asking for:

1. Aversive behavioral management (including digital and non-nutritive sucking behavior, tongue and swallowing habits). Photographs are necessary.
2. Management of bruxism
3. Interceptive orthodontic treatment (correction of anterior and posterior cross bite, space retainers, maxillary expansion with removable appliances)
4. Serial extraction.
5. Prosthodontic procedures
6. Full management of dental trauma
7. Management and treatment of children receiving chemotherapy

Kindly note all cases should have complete documentation (copy of Patients dental file) including the following:

1. Patient details
2. Medical and Dental history
3. Pre-treatment radiographs and photographs if needed
4. Diagnosis
5. Treatment plan
6. Post- treatment radiographs and photographs if needed
7. Recall and follow-up radiographs