



Request for Privileges to do Dental Treatment (S) Under General Anesthesia:

Applicant's Name:
License No. (If Any):

Scope of Practice:
Facility:
Date:

Type of Procedures: (please use another form if needed:

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-
- 7-
- 8-

Required Documents:

A list of type and number of procedures performed by the dentist within the last three years (logbook) dully attested (please see attached sample.)

Undertaking:

I. The dentist: I hereby undertake no to perform any procedure(s) not approved by the Department of Medical of Licensing and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures/treatments will be at my sole responsibility.

Signature: _____ Stamp: _____

II. The Facility: this dental institution undertakes to provide all requirements that are legally and/or professionally deemed necessary for providing quality and safe care for patients before, during and after approved surgical intervention(s) are performed by this licensed and privileged dentist in this facility. The institution also acknowledges to take full responsibility and financial liability in case of negligence and/or malpractice that have been proven beyond doubt which have directly or indirectly caused harm and/or complication(s) to the patient.

Institution: _____ Stamp: _____

Director: _____ Signature: _____ Stamp: _____



Type and Number of Dental Procedures Performed in the Last Three Years

Procedure	Year1	Year 2	Year3

Rules:

- This list must be duly authenticated and attested by the department director, hospital director