

**900 N MICHIGAN SURGICAL CENTER**

**PRIVILEGE REQUEST FORM  
DENTISTRY -- ORAL SURGERY**

I am applying for the following privileges of which I am also currently credentialed at \_\_\_\_\_, an Illinois hospital.

Please check the following Magna Health Systems location to which you are requesting surgical privileges.

- 900 N. Michigan Surgical Center
- Magna Surgical Center

REQUESTED	GRANTED	PROCEDURE
_____	_____	Mucogingival surgery
_____	_____	Osseous surgery
_____	_____	Bone graft
_____	_____	Endosseous implant
_____	_____	Surgical extractions
_____	_____	Closure, oral antral fistula
_____	_____	Surgical exposure, impactions
_____	_____	Biopsy
_____	_____	Alveoplasty
_____	_____	Vestibuloplasty
_____	_____	Excision, benign tumors
_____	_____	Ostectomy, maxilla and mandible
_____	_____	Incision and drainage
_____	_____	Sequestrectomy
_____	_____	Reduction, facial fractures
_____	_____	TMJ surgery
_____	_____	Repair, traumatic injuries
_____	_____	Skin grafts
_____	_____	Maxillary, mandibular osteotomies
_____	_____	Repair, soft and hard tissue defects
_____	_____	<b>Other (Please Specify):</b> _____

Practitioner's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Medical Director Approval, 900 N. Michigan Surgical Center \_\_\_\_\_ Date \_\_\_\_\_

Medical Director Approval, Magna Surgical Center \_\_\_\_\_ Date \_\_\_\_\_

Governing Body Approval \_\_\_\_\_ Date \_\_\_\_\_