

Appendix 5

**List of Core and Specialised Procedures for
Oral & Maxillofacial Surgery**

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.

CORE PROCEDURES	Tick the correct box	
	Yes	No
Clinical Oral Examination		
Intra-oral Radiograph Interpretation		
Panoramic Radiograph Interpretation		
Cephalometric Radiograph Interpretation		
Request and Interpretation of Clinical Pathology Examinations		
Administration of Local Anaesthesia		
Diagnostic Local Anaesthesia Procedures		
Treatment of Geriatric Patients		
Treatment of Medically Compromised Patients		
Surgical Placement of Endosseous Dental Implants		
Diagnosis and Non-Surgical Treatment of TMJ Disorders		
Extraction of Erupted Teeth		
Extraction of Exposed Tooth Roots		
Surgical Removal of Erupted Teeth		
Surgical Removal of Impacted Teeth		
Surgical Removal of Residual Tooth Roots		
Intraoral Incision and Drainage of Abscess		
Closed Reduction of Mandibular Dislocation		
External Fixation of Mandible		

CORE PROCEDURES	Tick the correct box	
	Yes	No
Exploration of Temporomandibular Joint		
Reduction Fracture of Mandible/Maxilla		
Reduction of Temporomandibular Joint		
Procedures for Cleft Lip and Cleft Palate		
Reduction of Fracture of Zygomatic Bone		
Le Fort Procedures for Maxilla		
Surgical Repair of Oro-Antral Fistula		
Surgical Exposure of Unerupted tooth to Aid in Eruption		
Surgical Exposure of Unerupted tooth and Placement of Orthodontic Appliance to aid eruption		
Biopsy of Oral Hard Tissue		
Biopsy of Oral Soft Tissue		
Surgical Repositioning of Teeth		
Alveoloplasty		
Vestibuloplasty		
Vestibuloplasty with Skin or Mucosal Grafting		
Surgical Excision of Hyperplastic Tissue		
Surgical Removal of Benign Tumors		
Surgical Removal of Malignant Tumors (Stage I & 11)		
Apicoectomy, Apical Curettage, and Retrograde Filling		
Surgical Destruction of Lesion by Physical Methods		
Removal of Tori and Exostoses		
Extraoral Incision and Drainage of Abscess		
Removal of Foreign Body		
Sequestrectomy		
Maxillary Sinusotomy for Retrieval of Tooth or Foreign Body		
Closed Reduction of Facial Fractures		

CORE PROCEDURES	Tick the correct box	
	Yes	No
Open Reduction of Facial Fractures		
TMJ Manipulation under Anesthesia		
TMJ Arthroscopy & Endoscopic Procedures in the Region		
TMJ Arthrocentesis		
Open TMJ Surgery		
Nonsurgical Management of TMJ Disorders		
Nonsurgical Management of Atypical Facial Pain		
All forms of Orthognathic Surgical Procedures		
Surgical Rapid Palatal Expansion		
Closure of Intraoral Soft Tissue Lacerations		
Closure of Extraoral Soft Tissue Lacerations		
Skin Grafts		
Oral Mucosal Grafts		
Osteoplasty		
Surgical Peripheral Nerve Repair Procedures		
Peripheral Neurectomy		
Frenectomy		
Ankylotomy		
Cheiloplasty		
Excision of Pericoronal Gingiva		
Crown Lengthening Procedures		
Sialolithotomy		
Coronoidectomy		
Surgical Placement of Endosseous Implants		
Surgical Placement of Subperiosteal Implants		
Guided Tissue Regeneration		

CORE PROCEDURES	Tick the correct box	
	Yes	No
Autogenous Bone Graft		
Tumour Surgery in the Oro-Facial Region		
Maxillary Sinus Floor Grafting		
Ridge Augmentation with Autogenous Bone Grafting		
Ridge Augmentation with Alloplastic Materials		
Nonsurgical Management of Trigeminal Neuralgia		
Nonsurgical Management of Diseases of the Oral Region		

Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.

Name of Referee: _____
Designation: _____
Date: _____
<p>Note to referee: Please sign against the procedures ticked "Yes" by applicant to affirm that he/she is competent to perform these procedures safely and independently.</p>

SPECIALISED PROCEDURES	Tick the correct box		Signature of Referee
	Yes	No	
Endoscopic Maxillofacial Surgeries			
Laser Procedures			

Signature of applicant: _____

Date: _____