

**Contra Costa Regional Medical Center
Dental Privileges Request Form**

Practitioner Name: _____

Departments (s)	Number	Privilege Descriptions D= With Direct Supervision C= With Consultation U= Unrestricted	D/C/U	Training/ Education	Experience	Current Competence	Requested	Granted	D= Denied P= Pending CNM=Criteria Not Met
		Dental							
	DEN 7	Intra-Oral and/or Extra-Oral incision and drainage.	C	DDS or DMD	N/A	N/A			
			U	DDS or DMD	4	1 case in last 4 yrs.			
			U	OrS	N/A	N/A			