



**Maxim Physician Resources
Dentistry
Skills Checklist**

Enter the appropriate provider code in the blank next to the procedure. Failure to fill this out correctly can delay the screening process.

Provider Codes

1	Fully competent to perform
2	Competent with supervision
3	Not requested due to lack of expertise

Please check all that apply to your scope of practice.

I. General Privileges

- _____ General Outpatient Clinical Privilege Customary to the Practice of Dentistry
- _____ General Inpatient Clinical Privileges Customary to the Practice of Dentistry

II. Specific Privileges

Periodontics

- _____ 1. Plaque Control Program
- _____ 2. Deep Subgingival Scaling and Curettage
- _____ 3. Flaps, Gingivectomy and Bone Recontouring
- _____ 4. Other Gingival Alveolar surgery
- _____ 5. Prophylaxis and Polishing
- _____ 6. Other _____

Endodontics

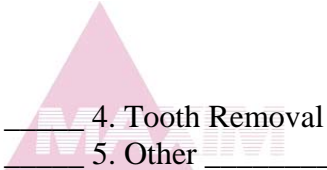
- _____ 1. Single Canal Therapy
- _____ 2. Multiple Canal Therapy
- _____ 3. Apicoectomy and Retrofill
- _____ 4. Other _____

Removable Prosthetics

- _____ 1. Full and Partial Dentures
- _____ 2. Obturators and Other Special Removable Appliances
- _____ 3. Maintenance for Prosthesis
- _____ 4. Other _____

Trauma

- _____ 1. Reimplantation and Stabilization of Luxated Teeth
- _____ 2. Minor suturing Oral Region
- _____ 3. Repair Fractures of Alveolus



- _____ 4. Tooth Removal
 - _____ 5. Other _____
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Orthodontics

- _____ 1. Diagnosis
 - _____ 2. Minor tooth Movement and Guidance
 - _____ 3. Removable Appliances with Active Force
 - _____ 4. Removable Appliances with Passive Force
 - _____ 5. Full Orthodontic Banding and Movement
 - _____ 6. Other _____
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Pedodontics

- _____ 1. Restoration of Primary Dentition using Amalgam, Cast Metal, Cohesive Gold, Plastics and Cements
 - _____ 2. Crowns
 - _____ 3. Pulpotomy
 - _____ 4. Habit and Orthodontic Appliances
 - _____ 5. Topical Fluoride Therapy
 - _____ 6. Other _____
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Restorative Dentistry

- _____ 1. Restoration of Secondary Dentition using Amalgam, Cast Metal, Cohesive Gold, Plastics and Cements
 - _____ 2. Pins and Posts
 - _____ 3. Crowns
 - _____ 4. Fixed Bridges and Other Fixed Prosthetic Appliances
 - _____ 5. Other _____
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Surgical

- _____ 1. Extraction of Erupted Teeth (with or without flaps)
 - _____ 2. Extraction of Unerupted Teeth
 - _____ 3. Alveolectomy
 - _____ 4. Biopsies
 - _____ 5. Implants
 - _____ 6. Other _____
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