PRACTICE AREA: DENTAL ASSISTANT – DELINIATION OF CLINICAL ACTIVITIES

To request clinical activities for surgical dental assistant, the following minimum threshold criteria must be met:

1. Dental Assistant Registration
2. Employed and supervised by a medical staff member of Lakeview Surgery Center

DENTAL ASSISTANT ACTIVITIES - I am requesting dental assistant clinical activities:

Requested	Granted	
□	□	Assist in the preparation of patients for surgery
□	□	Assist physician/dentist with gowning, gloving, prepping, and draping
□	□	Scrub into the surgical case, maintain sterile technique, pass instruments and provide exposure of operative site by retracting tissue and suctioning as necessary
□	□	Maintain comfort and safety of patient during the surgical procedure
□	□	Provide instruction to the patients, families and caregivers

SPECIAL PROCEDURES/TECHNIQUES

To be eligible to apply for a special procedure listed below, you must meet the above threshold criteria and your Dental registration must also have the Added Qualifications for Dental Radiography.

Requested	Granted	
□	□	Dental Radiography

All of the above activities will be carried out under the supervision of a physician member of the Medical Staff. I understand that in making this request I am bound by the applicable bylaws or policies of the Lakeview Surgery Center and hereby stipulate that I meet the threshold criteria for each request.

____ __________

Applicant's Signature Date

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Applicant Name (Print)

Acknowledgement of Supervising Physician/Dentist: The above-named practitioner shall be under my direct supervision in the exercise of clinical activities. I acknowledge the practitioner is qualified and competent to perform the requested activities.

____ __________

Supervising Physician Signature Date

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Supervising Physician (Print)

Clinical Activities

Granted ______ Deferred _______ ____

MEC Signature Date

Granted ______ Deferred _______ ____

GB Signature Date

Modifications: ____