

Privileges for: Dental Assistant

Request

ST. ELIZABETH - EDGEWOOD
ST. ELIZABETH - FLORENCE
ST. ELIZABETH - FT. THOMAS

SCOPE OF PRACTICE

MINIMUM REQUIREMENT

DEPARTMENT/SECTION APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature

Date

Nursing Administration Approval

Sr. V.P. of Nursing or Designee Signature

Date

DENTAL ASSISTANT

_____ Assists employer dentist in the Operating Room (assembles instruments prior to the beginning of the case based on employer's preferences; develops x-rays, suctions patient; assist with pulps, crowns and fillings including preparing the filling material; and hands employer dentist requested instrumentation) always under DIRECT supervision.

Sponsoring Physician's Signature

Date

Applicant's Printed Name

Applicants Signature: _____ Date: _____