

Current Staff Identification

Please List All Physicians Performing Any Procedures

Information Changes Noted Below No Information Changes

Name of Oral & Maxillofacial Surgeon: _____

Specialty(s): _____

State Medical License #: _____

ABMS/AOABOS Certifying Board: _____

Year Certified or Eligible: _____

Local Accredited or Licensed Acute Care Hospital at Which Surgeon Has Current Admitting Privileges:

Department or section: _____

Has or has held unrestricted privileges in their specialty at an accredited or licensed acute care hospital within 30 minutes of this facility for all surgical procedures that they perform at this facility?

YES List Hospital(s): _____

NO



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