

900 N. MICHIGAN SURGICAL CENTER

**PRIVILEGE REQUEST FORM
NEUROLOGICAL SURGERY**

I am applying for the following privileges of which I am also currently credentialed at _____, an Illinois hospital.

REQUESTED	GRANTED	PROCEDURE
_____	_____	Carpal Tunnel Release
_____	_____	Laminectomy
_____	_____	Cervical
_____	_____	Lumbar
_____	_____	Discectomy
_____	_____	Hemilaminectomy
_____	_____	Laminotomy
_____	_____	Facetectomy
_____	_____	Foraminotomy
_____	_____	Decompression of Spinal Cord
_____	_____	Decompression of Cauda Equina
_____	_____	Decompression of Nerve Root(s)
_____	_____	Excision of Herniated Invertebral Disc
_____	_____	Lumbar Fusion
_____	_____	Anterior Spinal Surgery w/ abdominal/thoracal approach
_____	_____	Cervical Sympathectomy
_____	_____	Thoracic Sympathectomy
_____	_____	Diagnostic Myelogram
_____	_____	Diagnostic Discography
_____	_____	Dorsal Column Stimulator
_____	_____	Dorsal Root Excision
_____	_____	Lumbar Puncture
_____	_____	Peripheral Nerve Blocks
_____	_____	Rhizotomy
_____	_____	Scalenotomy

