

Magna Health Systems, LLC

**PRIVILEGE REQUEST FORM
OBSTETRICS/GYNECOLOGY**

I am applying for the following privileges of which I am currently credentialed at _____ an Illinois Hospital

Privileges Requested for _____ Center

Requested	Granted	Procedure
_____	_____	Obstetrical:
_____	_____	Amniocentesis
_____	_____	Cerclage of incomplete cervix
_____	_____	Dilation and Curettage
_____	_____	Newborn circumcision
_____	_____	Other(Please Specify):
_____	_____	_____
_____	_____	_____
_____	_____	GYNECOLOGICAL:
_____	_____	Bartholin cyst–cystectomy or marsupialization
_____	_____	Biopsy, cervix
_____	_____	Biopsy, vagina
_____	_____	Biopsy, vulva
_____	_____	Cervical conization – cold knife
_____	_____	Cervical conization – leep
_____	_____	Cervical polypectomy
_____	_____	Colposcopy
_____	_____	Colposcopy, vulva
_____	_____	Colposcopy, vagina
_____	_____	Cystocele repair
_____	_____	Dilation and curettage (fractional)
_____	_____	Endometrial ablation
_____	_____	Excision of condyloma – Cauterization
_____	_____	Excision of condyloma - laser ablation
_____	_____	Excision of labia minora
_____	_____	Foreign body removal
_____	_____	Hymenotomy
_____	_____	Hysterosalpingograms

