Magna Health Systems, LLC

PRIVILEGE REQUEST FORM OBSTETRICS/GYNECOLOGY

| 11.0 | the following privile an Illino | ges of which I am currently credentialed bis 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 | | |

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| REQUESTED | GRANTED | PROCEDURE | |
|--|---------|---------------------|---|
| | | Laparoscopy – advar | tive ostic bal ligation, any method nced operative or salpingo-oophorectomy ceration nterocele nital tract ominal es (i.e., In Vitro Fertilization) |
| Practitioner's Signature | | Print Name | Date |
| Medical Director Approval, Magna Surgical Center | | | Date |
| Governing Body A _l | pproval | | Date |