900 N. MICHIGAN SURGERY CENTER

PRIVILEGE REQUEST FORM
PODIATRIC SURGERY

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

REQUESTED	GRANTED	PROCEDURE
_____	_____	**Group 1:**
_____	_____	Arthoplasty
_____	_____	Avulsion, Toenail
_____	_____	Capsulotomy, Forefoot
_____	_____	Curettage, Verruccae
_____	_____	Excision, Plantar Lesion
_____	_____	Excision, Tumors Forefoot
_____	_____	Excision, Verruccae
_____	_____	Exostectomy, Subungual
_____	_____	Hardware removal
_____	_____	I & D, Superficial Abscess
_____	_____	Onychoplasty
_____	_____	Phalangectomy
_____	_____	Reduction, Closed Digital
_____	_____	Reduction, Open Digital
_____	_____	Tendon, Lengthening
_____	_____	Tendon, Transfer Digital
_____	_____	Tenotomy, Extensor or Flexor
_____	_____	Terminal Syme, Lesser Digit
_____	_____	**Group 2:**
_____	_____	Amputation, Digital
_____	_____	Excision, Accessory Osscile
_____	_____	Excision, Foreign Body Forefoot
_____	_____	Excision, Sesamoids
_____	_____	Excision, Tumor Rear Foot
_____	_____	Fixation, K-wire, Staple
_____	_____	Osteoclasis
_____	_____	Reduction, Closed Metatarsal

REQUESTED	GRANTED	PROCEDURE
		Group 3: (*Additional Documents Maybe Required)
		Excision, Hemangioma
		Excision, Plantar Fibromatosis
		Fasciotomy, Plantar
		Osteotomy
		Osteotomy, Fusion Digits
		Repair, Hallux Valgus with Osteotomy
		Repair, Hallux Valgus, Simple
		Repair, Hallux Valgus with Silastic Implant
		Resection, Metahead
		Resection, Partial, Hypertrophied Tarsal Bone
		Syndcactylization
		Group 4: (*Additional Documents Maybe Required)
		Arthrodesis, Tarsus, Simple
		Arthroscopy, Ankle ***With Documentation***
		Excision, Bone Cysts, Tumors
		Excision, Metatarsal
		Excision, Tarsal Bone
		Laser Procedures
		Fusion, Metatarsal or Tarsal PM-MT Joints
		Reduction, Closed Rear Foot
		Reduction, Open Other
		Repair, Osteomylitis
		Repair, Polydactylism
		Repair, Rupture Muscle, Tendon, Ligament
		Repair, Syndactylism
		Tendon Lengthening, Other than Digital
		Tendon Transfer, Other than Digital
		Tendon Transplant
		Tenodesis

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		Other (Please Specify):

Practitioner's Signature Print Name Date

Medical Director Approval, 900 N. Michigan Surgical Center Date

Governing Body Approval Date **Rev. 10/05**