900 N MICHIGAN SURGERY CENTER

PRIVILEGE REQUEST FORM
PLASTIC/GENERAL SURGERY

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

REQUESTED	GRANTED	PROCEDURE
		Soft Tissue:
		Debridement
		Lacerations
		Scar revision/dermabrasion/z-plasty
		Graft skin
		Flap skin
		Flap, multiple tissue and/or muscle
		Tissue expander
		Incision and drainage
		Amputations, minor
		Facial Fractures, Primary:
		Orbital fractures
		Nasal, open or closed
		Mandibular, open or closed
		Late Reconstruction of Facial Skeleton:
		Mandibular osteotomy with bone graft
		Maxillary osteotomy with bone graft
		Bone grafts
		Alloplastic implant
		Breast:
		Reduction mammaplasty or mastopexy
		Augumentation mammaplasty
		Prophylactic mastectomy
		Reconstruction with implant or expander
		Nipple reconstruction
		Mastectomy for gynecomastia
		Incisional, excisional biopsy
		Capsulotomy/capsulectomy

REQUESTED	GRANTED	PROCEDURE
		Cosmetic:
		Facelift
		Browlift
		Blepharoplasty
		Chemical Peel
		Dermabrasion
		Rhinoplasty/septoplasty/turbinectomy
		Mentoplasty with/without implant
		Malar augmentation
		Abdominoplasty with/without ventral herniorrhaphy
		Liposuction
		Suction and/or excision lipectomy
		Soft tissue augmentation
		Reduction forehead contouring, facial bone contouring
		Laser resurfacing
		Endoscopic procedures
		Ultrasonic liposuction
		Congenital Defects of the Head and Neck:
		Cleft lip repair, secondary
		Cleft palate/fistula repair, secondary
		Microtia reconstruction, secondary
		Otoplasty
		Head and Neck Neoplasms:
		Extirpation
		Reconstruction, primary or secondary

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		Other:
		Dupuytrens release
		Amputations: finger/thumb, and joint only
		Fasciotomy
		Syndactyly
		Incision and drainage
		Foreign body, implant removal
		Debridement
		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**