

KENDALL POINTE SURGERY CENTER

Delineation of Privileges Plastics

Physician Name: _____

Date: _____

	Privileges	Denied	Granted	With Consultation
	PLASTIC			
	Abdominoplasty			
	Application/Removal Of Arch Bars			
	Aspiration, Breast, Skin, Subcutaneous Tissue			
	ALL AUGMENTATION:			
	Genioplasty, Chin			
	Mammoplasty			
	Mandible			
	Maxilla Using Implant			
	Biopsy:			
	Bone			
	Facial			
	Breast			
	Lip			
	Lesions			
	Nose			
	Nasal			
	Skin			
	Blepharoplasty			
	Upper			
	Lower			
	Bilateral			
	Cauterization, Nose			
	Cheiloplasty			
	Chemical Peel			
	Closure: Abdominal Wall, Nasal Septum			
	Correction, Prominent Ear			
	Correction Of Ectropion			
	Correction Of Entropion			
	Dermabrasion			
	Epulis			
	Evacuation Of Hematoma			
	Eyelid Reconstruction			
	ALL EXCISION PROCEDURES			
	Breast Tissue			
	Cysts			
	Ear, External			
	Eyebrow			
	Lip			
	Lesions			
	Mastoid, Bone			
	Nipple			
	Nose, Skin			
	Preauricular			
	Face Lift			
	Full			
	Mini			
	Browlift			
	Open			
	Endoscopic			
	Facial Malignance			
	Frenotomy, Labial/Maxillary			
	Frenotomy, Lingual, Division			
	Hydradenitis			
	Ganglionectomy			

Name: _____

Plastics

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	Privileges	Denied	Granted	With Consultation
ALL GRAFT PROCEDURES				
	Bone, Nasal/Maxillary			
	Pedicle Flap			
	Rotation Flap			
	Skin/Coverage			
	Soft Tissue			
	Implantation			
	Breast Prosthesis			
	Chin Prosthesis			
	Facial Bone, Synthetic Implant			
	Incision And Drainage			
	Lacrimal Probing			
	Lacrimal Tube Insertion			
	Lip And Tongue Surgery			
	Lipectomy			
	Lipoplasty- Suction			
	Abdominal			
	Back			
	Facial			
	Legs			
	Upper arms			
	Autologous fat transfer & or injection			
	Lysis Of Adhesions			
	Major / Minor Infections			
	Malignant Tumors			
	Mastectomy, Segmental Or Partial			
	Mentoplasty			
	Orbit Repositioning			
	Otoplasty			
ALL REDUCTIONS:				
	Alveolar Ridge			
	Hyoid Fracture			
	Mandible W/Wiring			
	Maxilla W/Wring			
	Nasal			
	Orbital Floor			
	Reduction Mammoplasty			
	Zygoma Closed Reduction			
ALL RECONSTRUCTION				
	Breast			
	Mandible/Maxilla			
	Nasal			
	Nipple			
	Skin And Subcutaneous Tissue			
	Removal Of Foreign Body			
	Removal Palate W/Incision			
ALL REPAIR				
	Cleft Lip, Palate			
	Facial Bone			
	Lip, Mouth, Nose			
	Nerve			
	Tendon			
	Tongue			
	Resection Breast			
	Resection Submucous, Nasal Septum			
	Revision Flap, Implant, Scar			
	Rhinoplasty			
	Rhinoplasty Tip W/Graft Of Synthetic Implant			
	Tissue Expanders: Insertion, Replacement Or Removal			
	Z-Plasty, Skin Or Scar			
	Other:			

Name: _____

Plastics

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	Other:			

I am competent based on my education, training and experience to perform the procedures checked above. My signature on this application represents a request for privileges for the clinical procedures described above.

Physician Signature

Date:

Medical Director, Kendall Pointe Surgery Center

Date: