

KENDALL POINTE SURGERY CENTER
DELINEATION OF PRIVILEGES FOR
LAPAROSCOPIC PLACEMENT OF GASTRIC BAND

Physician Name: _____

Date: _____

Granting of this privilege requires the following in addition to all other application documentation:

1. Copy of Certificate of attendance at a Laparoscopic Gastric Banding Workshop
2. Copy of Proctoring Certificate for Laparoscopic Gastric Banding
3. Verification from a healthcare facility stipulating the completion of 20 Laparoscopic Gastric Band procedures

<u>Requested</u>	<u>Privilege</u>	<u>Denied</u>	<u>Granted</u>	<u>with Consultation</u>
_____	Laparoscopic Placement of Adjustable Gastric Band	_____	_____	_____
_____	Revision of Adjustable Gastric Band Component Only	_____	_____	_____
_____	Removal of Adjustable Gastric band Component only	_____	_____	_____
_____	Removal and Replacement of Adjustable Gastric Band Component only	_____	_____	_____
_____	Removal of Adjustable Gastric Band and Subcutaneous Port Components	_____	_____	_____
_____	Gastric Restrictive Procedure, Open, Revision of Port Component Only	_____	_____	_____

Name: _____

Lap Band

KP11/07

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KENDALL POINTE SURGERY CENTER

<u>Requested</u>	<u>Privilege</u>	<u>Denied</u>	<u>Granted</u>	<u>with Consultation</u>
_____	Removal of Subcutaneous Port only	_____	_____	_____
_____	Removal and Replacement of Subcutaneous Port Component only	_____	_____	_____
_____	Laparoscopic Lap Band Adjustment	_____	_____	_____
_____	Fluoroscopic Guidance Lap Band Adjustment	_____	_____	_____
_____	Radiologic Examination	_____	_____	_____
_____	Radiologic Examination with Contrast (Air or Barium)	_____	_____	_____
_____	Unlisted Laparoscopic Procedure, Stomach	_____	_____	_____
_____	Other	_____	_____	_____

I am competent based on my education, training, experience and skilled-equivalent practice privileges 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

Name: _____