

**Magna Health Systems, LLC  
PRIVILEGE REQUEST FORM  
UROLOGY**

I am applying for the following privileges of which I am also currently credentialed at \_\_\_\_\_ an Illinois Hospital

**Privileges requested for Magna Surgical Center**

<b>Requested</b>	<b>Granted</b>	<b>Procedure</b>
_____	_____	Circumcision, Adult
_____	_____	Circumcision, child
_____	_____	Cystoscopy, General
_____	_____	Cystoscopy, with/without retrograde
_____	_____	Dorsal slit
_____	_____	Epididymectomy, Unilateral
_____	_____	Epididymectomy, Bilateral
_____	_____	Foreign body removal
_____	_____	Hydraulic distension of bladder for interstitial cystitis
_____	_____	Hydrocelectomy, Unilateral
_____	_____	Hydrocelectomy, Bilateral
_____	_____	Meotomy
_____	_____	Muscle Biopsy
_____	_____	Orchiectomy
_____	_____	Orchyopexy
_____	_____	Penile Adhesions
_____	_____	Penile Biopsy
_____	_____	Penile condyloma, excision and fulguration
_____	_____	Penile wart fulguration
_____	_____	Procedure for stress incontinence
_____	_____	Prostate biopsy
_____	_____	Repair hernia
_____	_____	Repair hydrocele
_____	_____	Repair varicocele
_____	_____	Scrotal abscess
_____	_____	Testicular biopsy, open/closed
_____	_____	Urethral catheterization
_____	_____	Urethral dilation
_____	_____	Varicocelectomy
_____	_____	Vasectomy
_____	_____	Vasovasostomy
_____	_____	Use of CO2 laser ( <b>Specify Procedures</b> ):
_____	_____	_____
_____	_____	_____
_____	_____	_____

