

KENDALL POINTE SURGERY CENTER

Delineation of Privileges Podiatry

Physician Name: _____

Date: _____

	Privileges	Denied	Granted	With Consultation
	ANKLE			
	Arthrodesis			
	Ligament reconstruction			
	Prosthetic replacement			
	Arthroscopy of the ankle			
	Diagnostic			
	Operative			
	Open reduction and screw fixation			
	Arthrotomy of the ankle			
	ASPIRATION PROCEDURES			
	Joint Aspiration			
	Soft tissue			
	Biopsy			
	Bone			
	Skin			
	Muscle			
	FOOT-TENDON REPAIR			
	Foot-nerve repair			
	Arterial & venous repair of digital			
	Bone graft			
	Skin grafts, split thickness			
	Skin grafts, pedicle flaps			
	Compound fractures			
	Triple arthrodesis			
	Open reduction compression fracture			
	Tendon transplant			
	Displaced fracture			
	Heel cord section			
	Plantar fasciotomy			
	Phalangectomy			
	Amputation			
	TREATMENT OF INFECTION			
	Soft tissue – foot & ankle			
	Osteomyelitis – foot & ankle			
	Treatment of Wound			
	PODIATRY			
	Amputation of digit			
	Amputation of metatarsal			
	Arthrocentesis			
	Arthrodesis – foot & toes			
	Arthroplasty			
	Arthrotomy – ankle, foot, & toes			
	Avulsion of toenail			
	Closed reduction (digital)			
	Compartment compression syndrome			
	Debridement of ulcer			
	Digital fusions IP joints			

Name: _____

Podiatry

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	Privileges	Denied	Granted	With Consultation
	Endoscopic plantar plant fasciotomy			
	Excision of nevi, ulcer, scar, or porokeratosis			
	Excision of plantar fibromatosis			
	Excision of sesamoid			
	Foreign body removal			
	Fulguration of verrucae			
	Gangrene			
	Hallux valgus repair			
	Internal and External Fixation			
	Lithotripsy, foot			
	Metatarsal Osteotomy			
	Mortons neuroma excision			
	Onychoplasty / Onychectomy			
	Ostectomy phalanges, metatarsal, & tarsus			
	Phalangectomy			
	Plantar fasciotomy and heel spurs			
	Plantar lesion, skin			
	Removal Hardware from Foot or Ankle			
	Syndactylization			
	Tenotomy digital tendon			
	Terminal Syme amputation digits			
	Treatment of burns – chemical & thermal			
	Use of K-wires, staples, and implants for fixation			
	Application of External Fixators			
	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, LLC

Date: