

900 N. MICHIGAN SURGERY CENTER

**PRIVILEGE REQUEST FORM
UROLOGY**

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

REQUESTED	GRANTED	PROCEDURE
_____	_____	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
_____	_____	Orchiopexy
_____	_____	Penile adhesions
_____	_____	Penile biopsy
_____	_____	Penile condyloma, excision and fulguration
_____	_____	Penile wart fulguration
_____	_____	Procedure for stress incontinence
_____	_____	Prostrate biopsy
_____	_____	Repair hernia
_____	_____	Repair hydrocele
_____	_____	Repair varicocele
_____	_____	Scrotal abscess
_____	_____	Testicular biopsy, open/closed

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REQUESTED	GRANTED	PROCEDURE
_____	_____	Urethral catheterization
_____	_____	Urethral dilation
_____	_____	Varicocelectomy
_____	_____	Vasectomy
_____	_____	Vasovasostomy
_____	_____	Use of CO ₂ laser (specify procedures):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	Use of YAG laser (specify procedures):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	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**