900 N. MICHIGAN SURGICAL CENTER

PRIVILEGE REQUEST FORM
VASCULAR SURGERY

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

REQUESTED	GRANTED	PROCEDURE
_____	_____	Central IV Catheter
_____	_____	Cut down for insertion/intravenous catheter
_____	_____	Insertion/peripheral IV catheter
_____	_____	Arterial embolectomy or thrombectomy
_____	_____	Endarterectomy , aorta and major arteries
_____	_____	Graft bypass of artery
_____	_____	Inferior vena cava interruption
_____	_____	Intravenous interruption vena cava
_____	_____	Portal systemic venous shunt
_____	_____	Repair major artery
_____	_____	Subfascial ligation of leg veins
_____	_____	Sympathectomy, lumbar
_____	_____	Vascular access for hemodialysis
_____	_____	Vein stripping & ligation, legs
	_____	Venous embolectomy or thrombectomy
_____	_____	**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