

900 N. MICHIGAN SURGERY CENTER

**PRIVILEGE REQUEST FORM
OPHTHALMOLOGY**

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

REQUESTED	GRANTED	PROCEDURE
_____	_____	Blepharoplasty
_____	_____	Capsulotomy – Yag laser
_____	_____	Cataract phaco & aspiration with IOL
_____	_____	Cataract extraction with or without implant
_____	_____	Chalazion
_____	_____	Conjunctival flap
_____	_____	Corneal laceration repair
_____	_____	Corneal transplant
_____	_____	Cyst, lipoma, nodule, mass of tissue
_____	_____	Dacryocystorhinostomy
_____	_____	Ectropion
_____	_____	Entropion
_____	_____	Enucleation
_____	_____	Excision, eyelid
_____	_____	Excision, foreign body removal
_____	_____	Excision, scleral bank
_____	_____	Excision, lesion canthus
_____	_____	Excision, episcleral tumor
_____	_____	Extraocular muscle surgery
_____	_____	Eye exam, UA
_____	_____	Eye papilloma
_____	_____	Hyphema evacuation
_____	_____	Iridectomy, peripheral
_____	_____	Iridotomy – Yag laser
_____	_____	Lacrimal duct probing
_____	_____	Lid, laceration/capalicular repair
_____	_____	Lid lesions

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REQUESTED	GRANTED	PROCEDURE
_____	_____	Myomectomy
_____	_____	Orbital blow-out fractures
_____	_____	Orbital tumor excision
_____	_____	Pterygium with graft
_____	_____	Pterygium without graft
_____	_____	Ptosis procedure
_____	_____	Radial keratotomy
_____	_____	Recession/resection rectus muscle
_____	_____	Reconstruct anterior chamber
_____	_____	Removal silicone implant
_____	_____	Repair sclera/cornea/iris
_____	_____	Secondary implant
_____	_____	Suture removal
_____	_____	Tarsorrhaphy, exto/endo
_____	_____	Tarsal strip
_____	_____	Trabeculectomy
_____	_____	Vitreotomy
_____	_____	Restricted Procedures:
_____	_____	Facial neurectomy and rhytidectomy
_____	_____	Orbitotomy
_____	_____	Plastic surgery on lids
_____	_____	Retinal detachment

Practitioner's Signature _____ Print Name _____ Date _____

Medical Director Approval, 900 N. Michigan Surgical Center _____ Date _____

Governing Body Approval _____ Date _____