900 N. MICHIGAN SURGERY CENTER

PRIVILEGE REQUEST FORM
ORTHOPAEDIC SURGERY

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

REQUESTED	GRANTED	PROCEDURE
_____	_____	Amputation or revision of finger
_____	_____	Amputation or revision of toe
_____	_____	Aristospan injection
_____	_____	Arthrodesis
_____	_____	Arthroplasty, with or without joint replacement foot
_____	_____	Arthroplasty, with or without joint replacement hand
_____	_____	**Arthroscopy:**
_____	_____	Ankle – Diagnostic
_____	_____	Ankle – Operative
_____	_____	Knee – Diagnostic
_____	_____	Knee – Operative
_____	_____	Shoulder – Diagnostic
_____	_____	Shoulder – Operative
_____	_____	Wrist – Diagnostic
_____	_____	Wrist – Operative
_____	_____	**Arthrotomy:**
_____	_____	With arthroscopic repair
_____	_____	With exploration ankle/wrist
_____	_____	Menisectomy
_____	_____	Bone graft
_____	_____	Bunionectomy
_____	_____	Capsulectomy
_____	_____	Cast change with florscan
_____	_____	**Excision:**
_____	_____	Calcium deposit
_____	_____	Cysts
_____	_____	Exostosis

REQUESTED	GRANTED	PROCEDURE
		Foreign body
		Ganglion
		Keloids
		Mass with scar
		Median nerve
		Metatarsal head
		Olecranon spur
		Plantar wart
		Tumors
		Xanthoma
		Endoscpic carpal tunnel release
		Fasciectomy
		Finger debridement
		Finger divide, cross
		Hammertoes
		Lateral tarsorrhaphy
		Manipulation of joints
		Morton’s neuroma
		Needling shoulder
		Olecranon bursa
		Osteotomy
		Release:
		Carpal tunnel
		Tendon
		Trigger finger
		Transfer intrinsic muscle
		Removal:
		Corns
		Hardware
		Loose body

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ORTHOPAEDIC SURGERY

REQUESTED	GRANTED	PROCEDURE
		Nails
		Nodules
		Repair:
		Artery
		Ligament
		Nerve
		Tendon
		Revision, hand
		Sequestrectomy
		Side finger flap
		Synovectomy
		Tendon sheath
		Ulnar nerve transfer
		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