

900 N. MICHIGAN SURGICAL CENTER

**PRIVILEGE REQUEST FORM
OBSTETRICS/GYNECOLOGY**

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

REQUESTED	GRANTED	PROCEDURE
_____	_____	OBSTETRICAL:
_____	_____	Amniocentesis
_____	_____	Cerclage of incomplete cervix
_____	_____	Dilation and curettage
_____	_____	Newborn circumcision
_____	_____	Other (Please Specify):
_____	_____	_____
_____	_____	_____
_____	_____	GYNECOLOGICAL:
_____	_____	Bartholin cyst – cystectomy or marsupialization
_____	_____	Biopsy, cervix
_____	_____	Biopsy, vagina
_____	_____	Biopsy, vulva
_____	_____	Cervical conization – cold knife
_____	_____	Cervical conization – leep
_____	_____	Cervical polypectomy
_____	_____	Colposcopy
_____	_____	Colposcopy, vulva
_____	_____	Colposcopy, vagina
_____	_____	Cystocele repair
_____	_____	Dilatation and curettage (fractional)
_____	_____	Endometrial ablation
_____	_____	Excision of condyloma – cauterization
_____	_____	Excision of condyloma – laser ablation
_____	_____	Excision of labia minora

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REQUESTED	GRANTED	PROCEDURE
_____	_____	Foreign body removal
_____	_____	Hymenotomy
_____	_____	Hysterosalpingograms
_____	_____	Hysteroscopy, diagnostic
_____	_____	Hysteroscopy, operative
_____	_____	Laparoscopy – diagnostic
_____	_____	Laparoscopy with tubal ligation, any method
_____	_____	Laparoscopy – advanced operative
_____	_____	Ovarian cystectomy or salpingo-oophorectomy
_____	_____	Repair of fistulas
_____	_____	Repair of perineal laceration
_____	_____	Repair of rectocele/enterocele
_____	_____	CO ₂ laser, lower genital tract
_____	_____	CO ₂ laser, intra-abdominal
_____	_____	Assisted reproductive techniques (ie., In Vitro Fertilization)
_____	_____	Other (Please Specify):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Practitioner's Signature _____ Print Name _____ Date _____

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

Governing Body Approval _____ Date _____