

DELINEATION OF PRIVILEGES

Ophthalmology - Page 1

Physician Name: _____

Date: _____

Some privileges may be granted with consultation or limitations posed for cause by the Board of Directors, subject to the authority of the Medical Advisory Committee to grant delineated privileges. Privileges may be increased only with documentation or justification for change. **You must be able to document that you have the same privileges in another hospital** before being granted privileges at the Center. Please place a check mark in front of each procedure which you are requesting privileges to perform.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Biopsy, lacrimal duct <input type="checkbox"/> Blepharoplasty <input type="checkbox"/> Corneal transplant <input type="checkbox"/> Cataract extraction <input type="checkbox"/> Corneal surgery, coded by indiv. procedure <input type="checkbox"/> Correction, lid retraction <input type="checkbox"/> Destruction lesion <ul style="list-style-type: none"> <input type="checkbox"/> Chorioretinal by cryotherapy <input type="checkbox"/> Ciliary body <input type="checkbox"/> Eyelid <input type="checkbox"/> Enucleation, eyeball <input type="checkbox"/> Examination, eye under anesthesia <input type="checkbox"/> Excision <ul style="list-style-type: none"> <input type="checkbox"/> Chalazion <input type="checkbox"/> Conjunctival lesion <input type="checkbox"/> Foreign body, coded by location in eye <input type="checkbox"/> Pterygium lesion <input type="checkbox"/> Extension of orbit <ul style="list-style-type: none"> <input type="checkbox"/> Lesion <ul style="list-style-type: none"> <input type="checkbox"/> Eye <input type="checkbox"/> Eyebrow <input type="checkbox"/> Eyelid <input type="checkbox"/> Glaucoma procedures <input type="checkbox"/> Injection, therapeutic agent, eye <input type="checkbox"/> Intraocular lens insertion | <ul style="list-style-type: none"> <input type="checkbox"/> Iridectomy <input type="checkbox"/> IV Sedation <input type="checkbox"/> Lacrimal duct surgery <ul style="list-style-type: none"> <input type="checkbox"/> Dilatation and probing <input type="checkbox"/> Dacryocystectomy <input type="checkbox"/> Dacryocystorrhinostomy <input type="checkbox"/> Myectomy <input type="checkbox"/> Ophthalmoscopy Orbitotomy <ul style="list-style-type: none"> <input type="checkbox"/> w/removal foreign body <input type="checkbox"/> Drainage or decompression <input type="checkbox"/> Exploration, w/biopsy <input type="checkbox"/> Probing, tube insertion, tear duct <input type="checkbox"/> Endolymphatic sac operation <input type="checkbox"/> Excision <ul style="list-style-type: none"> <input type="checkbox"/> Aural, glomus tumor <input type="checkbox"/> Cyst, thyroglossal <input type="checkbox"/> Lesion <ul style="list-style-type: none"> <input type="checkbox"/> Bones, facial <input type="checkbox"/> Face, coded by specific site <input type="checkbox"/> Radial Keratotomy <input type="checkbox"/> Recession, extraocular muscle <input type="checkbox"/> Removal <ul style="list-style-type: none"> <input type="checkbox"/> Implant, cornea <input type="checkbox"/> Foreign body, intraocular |
|--|---|

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Ophthalmology - Page 2

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- Repair
 - Ectropion
 - Entropion (wedge resection)
 - Injured Globe
 - Iris
 - Laceration, conjunctiva
 - Ptosis, eyelid
 - Reconstruction of skin and subcutaneous tissue
 - Symblepharon
- Release encircling material, posterior segment
- Retinal Detachment
- Strabismus
- Trabeculotomy
- Transposition, ocular muscle
- Virectomy, all methods
- Pars plana approach, w/laser
- Photorefractive Keratectomy (PRK) (must provide proof of training)
- Laser-in-situ Keratomileusis (LASIK) (must provide proof of training)
- Xray Interpretation
- Other _____

Physician's Signature

Date

Chairman, Medical Advisory Committee,
The Center For Surgery

Date