

DELINEATION OF PRIVILEGES

Plastic Surgery - 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.

FACE

- Face lift
- Brow lift
- Upper lid Blepharoplasty
- Lower lid Blepharoplasty
- Canthoplasty, Canthopexy
- Rhinoplasty major or minor
- SMR/NBR
- Local Flap Reconstruction
- Resection of Turbinate
- Submental Lipectomy
- Scar revision
- Autologous fat transfer
- Otoplasty
- Dermabrasion
- CO2 Laser Resurfacing
- Chin Augmentation
- Malar (cheek) Augmentation
- Application and removal of arch bars

BODY CONTOURING

- Abdominoplasty
- Brachioplasty
- Thigh Lift
- Liposuction
- Autologous Fat Transfer

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BREAST

- Breast Augmentation
- Breast Reduction
- Mastopexy
- Breast Biopsy
- Breast Reconstruction with implant
- Nipple & Areola Reconstruction
- Capsulotomy
- Capsulectomy
- Revision of Breast Surgery

GENERIC

- Closure complex wounds
- Skin graft full thickness
- Skin graft partial thickness
- Repair lacerations
- Endoscopic procedures
- Sclerosing spider veins
- Xray Interpretation
- IV Sedation

Physician's Signature

Date

Chairman, Medical Advisory Committee,
The Center For Surgery

Date