THE CENTER FOR SURGERY
Staffed for your specialty.SM

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DELINEATION OF PRIVILEGES

Thoracic / Vascular Surgery

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.

- ☐ Angiograms
- ☐ AV Fistula
- Biopsy
  - ☐ Artery
  - ☐ Bone, scapula/thorax
  - ☐ Chest wall
  - ☐ Lung/pleura (percutaneous)
- ☐ Bronchoscopy
- ☐ Bypass procedure
  - ☐ Peripheral
- ☐ Dialysis access
  - ☐ Jugular
  - ☐ Ports
  - ☐ Subclavian
- ☐ Embolectomy/Thrombectomy
- ☐ Endoscopy, upper
- Excision
  - ☐ AVM
  - ☐ Blood vessel, lower
  - ☐ Fistula
- ☐ Gortex loop
- ☐ IV Sedation
- ☐ Pacemaker implantation
- ☐ Pacemaker replacement
- ☐ Pneumonocentesis
- ☐ Pneumoperitoneum, surgically induced, lap. only
- Removal
  - ☐ Catheter, Hickman
  - ☐ Pacemaker
- ☐ Resection
  - ☐ Femoral aneurysm
- ☐ Thoracocentesis
- ☐ Tube thoracostomy
- ☐ Xray Interpretation
- ☐ Other _____

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_____ _____

Physician's Signature Date

_____ _____

Chairman, Medical Advisory Committee, The Center For Surgery Date