

Lady of the Sea General Hospital		
Ear/Nose/Throat Surgery		
Practitioner Name:		
Please indicate in the "Requested" section, those privileges which you are requesting.		
Requested	Recommen	Approved
Delineation of Privileges		
		Adenoidectomy
		Bronchoscopy
		Laryngoscopy
		Oroscopy
		Tracheoscopy
		Excision of lesions, local (Brachial, thyroglossal, cyst, polyps)
		Major lesions
		Myringotomy and tympanoplasty
		Tracheostomy
MASTOIDECTOMY		
		Simple
		Radical
		Rhinoplasty
SINUS		
		Incision
		Excision
		Submucous resection
		Tonsilectomy

I am qualified and competent to perform those privileges as requested in my application.

Signature: _____ Date: _____