

Lady of the Sea General Hospital		
Urology		
Practitioner Name:		
Please indicate in the "Requested" section, those privileges which you are requesting.		
Requested	Recommen	Approved
Delineation of Privileges		
GENERAL SURGERY		
		Nephritis
		Pylonephritis
		Nephrosis
HYPERTENSION		
		Parathyroid conditions
		Addision's disease
		Sex hormone abnormalities
		Skin biopsy
		Removal of skin lesions
		I&D of abscesses
		Vasectomy
		Bladder aspiration
		Urethral dilatation
		Circumcision
		Routine obstetrical and newborn care
		Meatotomy
UROLOGICAL SURGERY		
		Nephrectomy
		Pyelotomy
		Ureterotomy
		Cystostomy
		Suprapubic prostatic resectioning
		Other suprapubic bladder surgery
		Cystectomy
		Cystoscopy & retrograde pyelogram
		Transurethral cystocopy & prostatic surgery
		Hydrocele, spermatocele, varicocele
		Vasectomy
		Testicular surgery
		circumcision & meatomy

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

Signature: _____ Date: _____

Lady of the Sea General Hospital		
Urology		
Practitioner Name:		
Please indicate in the "Requested" section, those privileges which you are requesting.		
Requested	Recommen	Approved
Delineation of Privileges		
		Major surgery of penis
		Open renal surgery
		Urinary diversion
		Ureteral surgery
		Prostatectomy
		T.U.R.
		Epididymectomy
		Orchectomy
		Orchiopexy
		Urethral repair

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

Signature: _____ Date: _____