Applicant's Signature Date

MEDICAL AND DENTAL STAFF
NATCHITOCHES PARISH HOSPITAL
Delineation of Staff Privileges
Ophthalmology

DIAGNOSIS AND MANAGEMENT

_____ Disturbances in Ocular Motility
_____ Disease of the Orbit
_____ Diseases of the Lachrymal Apparatus
_____ Diseases of the Cornea
_____ Diseases of the Iris, Ciliary Body Pupil
_____ Disease of the Lens
_____ Diseases of the Retina
_____ Ocular Diseases due to Diseases of the Central Nervous System
_____ Ocular Injuries
_____ Other (please list)
_____
_____
_____
_____

_____ Optical Defects of the Eye
_____ Diseases of the Eyelids
_____ Diseases of the Conjunctiva
_____ Diseases of the Sclera
_____ Diseases of the Choroid and Vitreous Body
_____ Glaucoma
_____ Diseases of the Optic Nerve
_____ Ocular Manifestations of General Diseases
_____ Other (please list)
_____
_____
_____

PROCEDURES

_____ Cataract Surgery
_____ Glaucoma Procedures
_____ Corneal Laceration Repair
_____ Retina Detachment
_____ Strabismus Surgery
_____ Corneal Transplants
_____ Enucleation
_____ Evisceration
_____ Removal of Intraocular Foreign Body
_____ Lachrymal Duct Surgery
_____ Orbital Surgery
_____ Oculo-Plastic Surgery
_____ Excision facial lesions
_____ IOL implantation

_____ Orbital Tumors
_____ Chalazion
_____ Pterygium
_____ Lid Lacerations and Conjunctiva
_____ Foreign body
_____ Photo Coagulation
_____ Fluorescein Angiogram
_____ Trichiasis
_____ Ectropion
_____ Epilation
_____ Entropion
_____ Other (please list)
_____ Other
_____
_____

The Privileges Listed Below Require Documentation of Training and Experience.

_____ Laser

I am mentally and physically capable of performing the privileges in which I am requesting:

_____
Applicant's Signature Date