



LANE REGIONAL MEDICAL CENTER  
PRIVILEGES APPLICATION FORM  
Podiatry

R G A

- Co-Admission with M.D.
- Debridement of callouses/warts
- Debridement of keratoma or clavus
- Debridement of nails with grind
- Debridement of nail(s)
- Cast for both clubfeet
- Casting and strapping
- Orthotic check-out (meas.)
- Cast for clubfoot
- Dennis-Browne bar
- Dispensing of orthoses
- Posterior splint
- Strapping foot and ankle
- Strapping toes
- Unna boot
- Windowing of cast
- Podiatric exam
- Abductor hallucis tenotomy
- Adjacent tissue transfer
- Amputation
- Amputation - at IPJ
- Amputation - metatarsal with toe
- Amputation - toe at MPJ

- \_\_\_ \_\_\_ \_\_\_ Amputation - transmetatarsal
- \_\_\_ \_\_\_ \_\_\_ Aspiration of abscess, FOOT
- \_\_\_ \_\_\_ \_\_\_ Aspiration of bone cyst, FOOT

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- \_\_\_ \_\_\_ \_\_\_ Aspiration of small joint, FOOT
- \_\_\_ \_\_\_ \_\_\_ Simple avulsion of nail (s)
- \_\_\_ \_\_\_ \_\_\_ Skin biopsy, FOOT
- \_\_\_ \_\_\_ \_\_\_ Bone graft, FOOT
- \_\_\_ \_\_\_ \_\_\_ Osteotomy complete, first metatarsal(s)
- \_\_\_ \_\_\_ \_\_\_ Condylectomy phalangeal base
- \_\_\_ \_\_\_ \_\_\_ Permanent correction of nail & matrix (partial or complete)
- \_\_\_ \_\_\_ \_\_\_ First degree burn, FOOT
- \_\_\_ \_\_\_ \_\_\_ Debridement of abrasion, FOOT
- \_\_\_ \_\_\_ \_\_\_ Debridement of burn and dressing, FOOT
- \_\_\_ \_\_\_ \_\_\_ Debridement and curettage of wart with cauterization lesion(s)
- \_\_\_ \_\_\_ \_\_\_ Debridement of hyperkeratosis or wart(s)
- \_\_\_ \_\_\_ \_\_\_ Drainage of hematoma, FOOT
- \_\_\_ \_\_\_ \_\_\_ Digital neurolysis
- \_\_\_ \_\_\_ \_\_\_ Deep infection with dissection with or without tendon, FOOT
- \_\_\_ \_\_\_ \_\_\_ Evacuation of sub-ungual hematoma
- \_\_\_ \_\_\_ \_\_\_ Excision of benign tumor, FOOT
- \_\_\_ \_\_\_ \_\_\_ Excision of benign lesion(s)
- \_\_\_ \_\_\_ \_\_\_ Excision of benign cyst from tarsals and metatarsals, FOOT
- \_\_\_ \_\_\_ \_\_\_ Excision of cyst or ganglion from tendon (foot/toes)
- \_\_\_ \_\_\_ \_\_\_ Extensor tenolysis-multiple, FOOT
- \_\_\_ \_\_\_ \_\_\_ Extensor tendon transfer, FOOT
- \_\_\_ \_\_\_ \_\_\_ Extensor synovectomy, FOOT

- \_\_\_ \_\_\_ \_\_\_ Excision of benign tumor from phalanges
- \_\_\_ \_\_\_ \_\_\_ Fasciotomy, FOOT
- \_\_\_ \_\_\_ \_\_\_ Flexor synovectomy, FOOT

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- \_\_\_ \_\_\_ \_\_\_ Flexor tenotomy (toe, open, foot)
- \_\_\_ \_\_\_ \_\_\_ Flexor tenolysis multiple, FOOT
- \_\_\_ \_\_\_ \_\_\_ First MJP fusion
- \_\_\_ \_\_\_ \_\_\_ Foot neurolysis
- \_\_\_ \_\_\_ \_\_\_ Foreign body in muscle, FOOT
- \_\_\_ \_\_\_ \_\_\_ Filleted toe
- \_\_\_ \_\_\_ \_\_\_ Full thickness skin graft, FOOT
- \_\_\_ \_\_\_ \_\_\_ Fusion of non-union or metatarsals, MID-FOOT
- \_\_\_ \_\_\_ \_\_\_ Fusion of non-union or tarsus, MID-FOOT
- \_\_\_ \_\_\_ \_\_\_ Hallux with angular or step-down osteotomy
- \_\_\_ \_\_\_ \_\_\_ Hallux with angular correction of hallux
- \_\_\_ \_\_\_ \_\_\_ Hallux with double osteotomy
- \_\_\_ \_\_\_ \_\_\_ Hallux with implant
- \_\_\_ \_\_\_ \_\_\_ Hallux valgus (simple)
- \_\_\_ \_\_\_ \_\_\_ Hallux with osteotomy
- \_\_\_ \_\_\_ \_\_\_ Hallux with phalangeal osteotomy
- \_\_\_ \_\_\_ \_\_\_ Hallux with tendon transplant
- \_\_\_ \_\_\_ \_\_\_ Hammertoe operation for cock-up toe with plastic skin closure
- \_\_\_ \_\_\_ \_\_\_ Hemiphalangectomy or IPJ resection
- \_\_\_ \_\_\_ \_\_\_ I & D Abscess (complex), FOOT
- \_\_\_ \_\_\_ \_\_\_ I & D Paronychia, FOOT
- \_\_\_ \_\_\_ \_\_\_ I & D Infected bursa, FOOT
- \_\_\_ \_\_\_ \_\_\_ Interphalangeal joint - with anesthesia
- \_\_\_ \_\_\_ \_\_\_ Interphalangeal joint - open reduction

\_\_ \_\_ \_\_ Interphalangeal joint

\_\_ \_\_ \_\_ Injection of lesion

\_\_ \_\_ \_\_ Insertion or removal of traction pin, FOOT  
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\_\_ \_\_ \_\_ Interphalangeal arthrotomy

\_\_ \_\_ \_\_ IPJ fusion

\_\_ \_\_ \_\_ IPJ fusion with tendon transfer

\_\_ \_\_ \_\_ I & D Abscess (simple), FOOT

\_\_ \_\_ \_\_ I & D of soft tissue abscess, FOOT

\_\_ \_\_ \_\_ Layer closure of wound, FOOT

\_\_ \_\_ \_\_ Lesser phalangeal fracture

\_\_ \_\_ \_\_ Lesser phalangeal osteotomy

\_\_ \_\_ \_\_ Lesser metatarsal ostectomy

\_\_ \_\_ \_\_ Lesser phalangeal fracture - with fixation

\_\_ \_\_ \_\_ Lesser phalangeal fracture - with manipulation

\_\_ \_\_ \_\_ Lesser phalangeal fracture - open reduction

\_\_ \_\_ \_\_ Midtarsal arthrodesis - cuneiform-navicular with tendon advancement

\_\_ \_\_ \_\_ Midtarsal arthrodesis - with osteotomy

\_\_ \_\_ \_\_ Metatarsal fracture - with fixation

\_\_ \_\_ \_\_ Metatarsal fracture

\_\_ \_\_ \_\_ Metatarsophalangeal joint

\_\_ \_\_ \_\_ Metatarsal fracture - with manipulation

\_\_ \_\_ \_\_ Metatarsal fracture - open reduction

\_\_ \_\_ \_\_ Metaarsectomy

\_\_ \_\_ \_\_ Metatarsophalangeal arthrotomy

\_\_ \_\_ \_\_ Midtarsal arthrodesis

\_\_ \_\_ \_\_ Metatarsophalangeal joint - with anesthesia

\_\_ \_\_ \_\_ Metatarsophalangeal joint - open reduction

\_\_\_ \_\_\_ \_\_\_ Morton neuroma excision

\_\_\_ \_\_\_ \_\_\_ I & D Paronychia (multiple/complex), FOOT

\_\_\_ \_\_\_ \_\_\_ Neurectomy, FOOT

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\_\_\_ \_\_\_ \_\_\_ Osteotomy (Tailor's bunion partial)

\_\_\_ \_\_\_ \_\_\_ Partial excision of phalanx and craterization

\_\_\_ \_\_\_ \_\_\_ Phalangeal fracture - with fixation

\_\_\_ \_\_\_ \_\_\_ Phalangeal fracture - with manipulation

\_\_\_ \_\_\_ \_\_\_ Phalangeal fracture - open reduction

\_\_\_ \_\_\_ \_\_\_ Phalangectomy

\_\_\_ \_\_\_ \_\_\_ Phalangeal fracture

\_\_\_ \_\_\_ \_\_\_ Phalangeal head resection

\_\_\_ \_\_\_ \_\_\_ Planter fascia stripping

\_\_\_ \_\_\_ \_\_\_ Primary suture of torn collateral ligament, TOE

\_\_\_ \_\_\_ \_\_\_ Removal of foreign body, FOOT

\_\_\_ \_\_\_ \_\_\_ Removal of F.B. (complicated), FOOT

\_\_\_ \_\_\_ \_\_\_ Removal of Sub-Q foreign body (simple), FOOT

\_\_\_ \_\_\_ \_\_\_ Removal of implant or wire or pin, FOOT

\_\_\_ \_\_\_ \_\_\_ Secondary collateral repair, TOE

\_\_\_ \_\_\_ \_\_\_ Sesamoidectomy

\_\_\_ \_\_\_ \_\_\_ Single joint

\_\_\_ \_\_\_ \_\_\_ Split thickness skin graft, FOOT

\_\_\_ \_\_\_ \_\_\_ Syndactylization of toes

\_\_\_ \_\_\_ \_\_\_ Tarsal dislocation, MID-FOOT

\_\_\_ \_\_\_ \_\_\_ Tarsometatarsal joint

\_\_\_ \_\_\_ \_\_\_ Tarsal synovectomy (s), FOOT

\_\_\_ \_\_\_ \_\_\_ Tarsal fracture, MID-FOOT

\_\_\_ \_\_\_ \_\_\_ Tarsal arthrotomy with removal of foreign body or drainage, FOOT

- \_\_\_ \_\_\_ \_\_\_ Tarsal dislocation, MID-FOOT - with anesthesia
- \_\_\_ \_\_\_ \_\_\_ Tarsal dislocation, MID-FOOT - with fixation
- \_\_\_ \_\_\_ \_\_\_ Tarsal dislocation, MID-FOOT - with percutaneous fixation
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- \_\_\_ \_\_\_ \_\_\_ Tarsal dislocation, MID-FOOT - open reduction
- \_\_\_ \_\_\_ \_\_\_ Tenotomy (single/multiple), FOOT
- \_\_\_ \_\_\_ \_\_\_ Tarsal fracture with manipulation, MID FOOT
- \_\_\_ \_\_\_ \_\_\_ Tarsal fracture open reduction w/wo fixation, MID-FOOT
- \_\_\_ \_\_\_ \_\_\_ Tarsometatarsal joint - with anesthesia
- \_\_\_ \_\_\_ \_\_\_ Tarsometatarsal joint - with fixation
- \_\_\_ \_\_\_ \_\_\_ Tarsometatarsal joint - with percutaneous fixation
- \_\_\_ \_\_\_ \_\_\_ Tarsometatarsal joint - open reduction
- \_\_\_ \_\_\_ \_\_\_ Splints/other devices
- \_\_\_ \_\_\_ \_\_\_ Triple Arthrodesis

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

## STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PHYSICIAN

STATEMENT OF ACKNOWLEDGMENT

This is to verify that I have received a copy of the following notice to physicians:

NOTICE TO PHYSICIANS: Medicare/Champus payments to hospital is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal Funds may be subject to fine, imprisonment, or civil penalty under applicable Federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_, M.D.  
Printed Name