



Lane Regional
Medical Center

Changing and Growing with You

LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
Surgery

R G A

- Entropion repair
- Evisceration
- Rib resection
- Thoracoplasty
- Surgery diaphragm
- Adenoids
- Tonsils
- Tracheostomy
- Laryngoscopy
- Adrenalectomy
- Kidney Nephrostomy
- Pyelostomy
- Excision lid lesion/reconstruction
- Pyelolithotomy
- Kidney biopsy (open)
- Lymph node biopsy
- Ureterotomy
- Ureteroscopy w/calculus removal, biopsy or fulguration
- Urethroplasty
- Fistula repair
- Scrotum incise & drain abcess
- Suprapubic & Retropubic prostatic resection

- Anterior urethropexy (Marshall-Marchetti)
- Lacrimal system repair
- Vaginal urethropexy (Stamye-Raz)
- Other suprapubic bladder surgery

LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
Surgery

- Hernia repair
- Laproscopic urology procedures
- Cystectomy
- Cystoscopy & retrograde pyelogram
- Transurethral Cysto. & prostate surgery
- Hydrocele, spermatocele varicocele
- Vasectomy
- Testicular surgery
- Orchiectomy
- Strabismus surgery
- Circumcision- < than 6 weeks
- Circumcision > than 6 weeks
- Major surgery of penis
- Hypospadias repair
- Meatotomy
- Vein ligat. & stripping
- Arterial grafts
- Peripheral arteriography
- Vascular surgeries
- Pacemaker insertion
- Venous dialysis graft
- Conscious sedation
- Conjunctival graft

___ ___ ___ Assist in surgery only

___ ___ ___ LIPOMA (Fatty Tumor)

___ ___ ___ Plastic & reconstructive surgery

LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
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___ ___ ___ Plastic & reconstructive surgery - Abdomino-plasty

___ ___ ___ Keratoplasty

___ ___ ___ Liver surgery

___ ___ ___ Tumescant liposculpture

___ ___ ___ Liposuction

___ ___ ___ Nephrectomy

___ ___ ___ Parathyroid Surgery

___ ___ ___ Tube thorocostomy

___ ___ ___ Esophageal surgery

___ ___ ___ Sentinel node bioposy

___ ___ ___ Groin dissection

___ ___ ___ Temporal Artery Biopsy

___ ___ ___ Excision conjunctival lesion

___ ___ ___ Excision pterygium/corneal lesion

___ ___ ___ Radical/astigmatic keratotomy

___ ___ ___ Glaucoma shunt surgery

___ ___ ___ Ectropion repair

___ ___ ___ Trabeculectomy/trabeculotomy

___ ___ ___ Iridectomy

___ ___ ___ Ciliary body cryotherapy

___ ___ ___ Extracapsular cataract extraction

___ ___ ___ Intracapsular cataract extraction

___ ___ ___ IOL placement, exchange, or removal

- Vitrectomy
- Retinal detachment repair
- Retinal cryotherapy
- Repair open globe

LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
Surgery

- Ptosis repair
- YAG posterior capsulotomy
- Retinal laser surgery
- Glaucoma laser surgery
- Optic nerve decompression
- Mastoidectomy
- Myringotomy with/without insertion tubes
- Removal of foreign body from ear or nose
- Skin tumors
- Split thickness grafts
- Wolfe grafts
- Pedicle grafts
- Orbital fracture repair
- Skin lacerations
- Extensive burns
- Parotid gland surgery
- Lip and tongue surgery
- Ranula
- Epulis
- Resection of jaw
- Thyroglossal ducts
- Branchial clefts
- Pharyngo-esoph. divertic

___ ___ ___ Blepharoplasty

___ ___ ___ Thyroidectomy

___ ___ ___ Phrenic nerve

___ ___ ___ Breast biopsy

LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
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___ ___ ___ Simple & radial mastectomy

___ ___ ___ Laparotomy

___ ___ ___ Laparoscope

___ ___ ___ Laparoscopic colectomy (training documentation required)

___ ___ ___ Amputation

___ ___ ___ Gastroscope

___ ___ ___ Colonoscope

___ ___ ___ Sigmoidoscope

___ ___ ___ Laser dermablation

___ ___ ___ Proctoscope

___ ___ ___ pH Study with Bravo capsule

___ ___ ___ Stretta procedure

___ ___ ___ Interpretation of Esophageal Motility Studies

___ ___ ___ Paracentesis

___ ___ ___ Closure perforated ulcer

___ ___ ___ Other gastric surgery

___ ___ ___ Ramstedt

___ ___ ___ Gallbladder & common duct surgery

___ ___ ___ Splenectomy

___ ___ ___ Pancreatic surgery

___ ___ ___ Small & large bowel surgery

___ ___ ___ Appendectomy

___ ___ ___ Lid laceration repair

___ ___ ___ Abdominal-perineal resection

___ ___ ___ Abdominal exploration

___ ___ ___ Simple inguinal hernia

___ ___ ___ Strangulated or recurrent hernia

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___ ___ ___ Ventral or femoral hernia

___ ___ ___ Pilonidal cyst

___ ___ ___ Hemorrhoidectomy

___ ___ ___ Fistula in ano.

___ ___ ___ Umbilical hernia

___ ___ ___ Hand infections (major)

___ ___ ___ Exenteration

___ ___ ___ Hand infections (minor)

___ ___ ___ Central Line insertion

___ ___ ___ Swan Gantz insertion

___ ___ ___ Arterial Line insertion

___ ___ ___ Sinus irrigations

___ ___ ___ Polyps removal

___ ___ ___ Septum repair

___ ___ ___ Fractures (nasal)

___ ___ ___ Rhinoplasty

___ ___ ___ Skull fractures

___ ___ ___ Encucleation

___ ___ ___ Laminectomy

___ ___ ___ Scalenotomy

___ ___ ___ Lumbar Symp.

___ ___ ___ Thoraco-lumb. symp.

___ ___ ___ Intervertebral disks

__ __ __ Bronchoscope

__ __ __ Mediastinoscope

__ __ __ Thoracotomy

__ __ __ Pneumonectomy

LANE REGIONAL MEDICAL CENTER
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__ __ __ Throacentesis

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