

CHRISTUS CABRINI SURGERY CENTER

REQUEST AND APPROVAL OF PRIVILEGES – ENT							
Applicants Name:			Date:				
R=Requested	NR=Not Requested	TA = Temporary Privileges	A=Approved		D=Denied		
Procedure			R	NR	TA	A	D
Evaluation and diagnosis of medical conditions to determine need for surgical procedure(s)							
Adenoidectomy							
Antral Puncture							
Branchial Clefts							
Caldwell-Luc							
Canaloplasty							
Cerumen Removal							
Closed Reduction Zygoma							
Ethmoidectomy							
Excision Turbinate							
Foreign Body Removal (Ear/Nose)							
Inferior Turbinectomy							
IV Sedation							
Laryngoscopy, Diagnostic, Indirect							
Laryngoscopy, Microscopic							
Lip and Tongue Surgery							
Minor Salivary Gland Excision							
Mouth Biopsy							
Myringoplasty							
Myringoplasty with / without tubes							
Nasal Antral Window							
Nasal Fracture – Closed							
Nasal Fracture – Open							
Nasal Polyp Removal							
Nasal Septal Biopsy							
Otoscopy							
Palate Biopsy							
PE Tube Removal							
Polyp Removal – Ear							
Preauricular Cyst Excision							
Removal Maxillary/Mandibular Cyst							
Rhinoplasty							
Septoplasty							
Submucous Resection (SMR)							
Thyroglossal Ducts							
Tongue Biopsy or Excision							
Tonsillar Tag Excision							
Tympanoplasty w/ ossicular chain							
Tympanoplasty							

