

CHRISTUS CABRINI SURGERY CENTER

REQUEST AND APPROVAL OF PRIVILEGES – Plastic Surgery

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 interventions.					
Abdominoplasty					
Augmentation Mammoplasty					
Blepharoplasty, Upper and/or Lower					
Capsulotomy					
Chemical Peel					
Coronal Forehead Lift					
Dermabrasion					
Excision Lesions (cyst, etc.)					
Face Lift					
Hair Transplant / Flap Procedure					
IV Sedation					
Liposuction					
Mandibular Fractures					
Mastopexy					
Mentoplasty					
Nasal Fracture-open reduction					
Nasal Tip reconstruction					
Open Capsulotomy, Unilateral, bilateral					
Otoplasty					
Reconstruction breast, unilateral/bilateral					
Rhinoplasty					
Rhytidoplasty					
Scalp Reduction					
Scar Revision – ext or trunk					
Scar Revision – face					
Septoplasty					
Subcutaneous Mastectomy & Reconstruction					
Submucous Resection					
Other:					

Applicant's Signature

_____ Date: _____

Medical Director Approval of Temporary Privileges

_____ Yes No Date: _____

Administrator's Approval of Temporary Privileges

_____ Yes No Date: _____

Governing Board Approval of Privileges

_____ Yes No Date: _____

All staff physicians may render emergency care and utilize lifesaving procedures without regard to the official privileges applied for above.

Category of Staff

Active Courtesy Temporary Emergent