

Albuquerque Surgery Center
1720 Wyoming NE
Albuquerque, NM 87112

Delineation of Privileges - *Gynecology*

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are applying.

PRIVILEGES:	Requested	Not Requested	Approved	Denied
A & P colporrhaphy				
.Appendectomy				
Bartholin gland, excision or marsupialization				
Cervical biopsy				
Cervical conization				
D&C, diagnostic				
D&C, therapeutic				
Endometrial ablation – electrosurgical* or Hydrothermal ablation				
Evaluation and diagnosis of medical conditions to determine need for surgical intervention				
Hymenotomy				
Hysteroscopy*				
Hysterectomy – laparoscopically assisted				
Interpret x-rays				
IVF				
Laparoscopy – diagnostic				
Laparoscopy – pelviscopy				
Laparoscopy – tubal ligation				
Laser – intra-abdominal*				
Laser – lower genital*				
Laser laparoscopy*				
Perineoplasty				
Polypectomy				
Repair surgical rent – bladder, bowel				
Scar Revision				
Vaginal Hysterectomy				
Vulvar or labial biopsy				

*include documentation of continuing education/training.

GYNECOLOGY
DELINEATION OF PRIVILEGES
Page 2

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Gynecology** as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Physician

Date

APPROVAL:

Comments:

Medical Director/President, Medical Staff

Date