

ALBUQUERQUE SURGERY CENTER

Delineation of Privileges - *Otorhinolaryngology*

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
Evaluation and diagnosis of medical conditions to determine need for surgical intervention.				
Incision external ear				
Excision lesion external ear				
Plastic operation external auditory meatus				
Suture external ear				
Other operations external ear				
Myringotomy				
Incision and destruction procedures middle ear				
Mastoidectomy (includes radical)				
Stapedectomy with ossicular reconstruction				
Tympanectomy				
All other operations – middle ear				
Excision lesion nose				
Rhinoplasty & repair of nose				
Reduction fracture nasal bones				
Other operations on nose				
All other operations on accessory sinuses including maxillectomy				
Laryngotomy				
Local excision lesions, vocal cords and trachea				
Laryngectomy				
Repair and plastic operations larynx				
Emergency tracheotomy/ostomy and laryngotomy				
Other operations on larynx and trachea				
Other operations on tonsil and adenoid				
Others operations on pharynx				
OTHER:				

Do you anticipate giving local anesthesia? Yes No

Do you anticipate administering your own anesthesia? Yes* No

Do you administer anesthesia at any other local facilities? Yes No

(*If yes, please complete Anesthesia Privileges for non-anesthesiologists.)

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Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Otorhinolaryngology** 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