

Albuquerque Surgery Center

1720 Wyoming Blvd NE

Albuquerque, NM 87112

Delineation of Privileges - Urology

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 requesting.

PRIVILEGES:	Requested	Not Requested	Approved	Denied
Evaluation and diagnosis of medical conditions to determine need for surgical intervention.				
Circumcision				
Cystourethroscopy				
Cystourethroscopy with retrograde x-ray				
Excision penile lesion				
Hernia repair associated with cord or testicular surgery				
Inguinal hernia repair when incidental to orchiopexy				
Penile prosthesis implantation				
Reconstructive surgery of urinary & genital tract				
Repair & plastic operation on penis				
Surgery of testicle, epididymis, vas deferens				
Interpret x-rays				
Lithotripsy Procedure				
Ultrasound Bx-Prostate				
Cystotomy for exc. bladder divert (s/p)				
Cystourethroscopy with urethrotomy female				
Cystourethroscopy rem f.b. or stents (s/p)				
Cystourethroscopy with dilation of urethra				
Cystourethroscopy with biopsy				
Cystourethroscopy with removal of foreign body				
Cystourethroscopy (separate procedure)				
Cystourethroscopy with fulguration				
Cystourethroscopy with urethrotomy male				
Exc. of penile plaque (Nesbitt procedure)				
Transurethral resection bladder neck (s/p)				
Transurethral surg. with lithotripsy				
Others:				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

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