

CLINICAL PRIVILEGES IN SPINE SURGERY

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Initial

Renewed

Name _____

Effective from ___ / ___ / ___ to ___ / ___ / ___

Applicant: Please initial in the box in the R column for each privilege requested.

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

Note: If Recommendations for clinical privileges are conditional, modified or are not recommended, the specific condition and its reason must be stated where indicated on the last page of this form.

R G C N General Neurosurgery Privileges

- Muscle Biopsy
- Nerve Biopsy
- Sural Biopsy
- Lumbar Puncture
- Carpal Tunnel Surgery
- Removal of Superficial Scalp Lesions
- Resection of peripheral nerve tumors
- Neck Spine Infusion
- Microdiscectomy (Hemi-laminectomy)
- Neck Spine Disk Surgery
- Cervical Spine Arthrodesis-Anterior
- Cervical Spine Arthrodesis-Posterior
- Cervical Spine Discectomy
- Thoracolumbar Spine Arthrodesis-Posterior
- Thoracolumbar Spine Arthrodesis-Anterior
- Thoracolumbar Spine

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R G C N General Neurosurgery Priveleges

- Lumbar Discectomy
- Lumbar Laminectomy
- Illiac Crest Bone Graft
- Cervical Instrumentation
- Lumbar Instrumentation

R G C N Other

- IV/Conscious Sedation
- X-Ray Interpretation: C-ARM
- X-Ray Interpretation: Portable X-Ray

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I have requested only those specific privileges for which my education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at *SSM St. Clare Surgical Center*. I request privileges for the above procedure(s) with the understanding that I consider myself to be in good physical and mental health and I am capable of providing quality care that is acceptable to *SSM St. Clare Surgical Center*.

I verify/confirm that I have am currently privileged to perform the same procedures that I am requesting, above, at a local, Joint Commission Accredited, State licensed, and Medicare approved hospital.

Practitioner Signature

Practitioner Name: Type or Print

Date

Approved by the Credential/Medical Advisory Committee of the Medical Staff and duly appointed to the Medical Staff by the Governing Board.

Medical Director Approval

Date

Governing Board

Date

If Recommendations for clinical privileges are conditional, modified or are not recommended, the specific condition and reason(s) must be stated on this last page and practitioner notified in writing within three days by Administrator and Medical Director.