



GREATER LANSING

DEPARTMENT OF SURGERY
PLASTIC AND RECONSTRUCTIVE SURGERY SECTION

Privilege Request Form

Applicant's Name: _____
(Please Print)

DIRECTIONS: This Privilege Request Form must accompany all initial applications for appointment to the Plastic/Reconstructive Surgery Section, Department of Surgery. Please indicate those privileges that apply to your surgical practice.

ABDOMINAL SURGERY

_____ Abdominoplasty

NECK SURGERY

- Excision of cyst
Thyroglossal
Brachial
Hygroma
Dermoid
Incision & drainage of abscess
Carotid ligation
Deep node biopsy
Stellate ganglion block
Radical dissection
Salivary gland excision

BREAST SURGERY

- Biopsy with frozen section
Mastectomy, simple
Plastic and cosmetic procedures
Reconstructive procedures

THORACIC SURGERY

- Rib resection
Reconstructive thoracoplasty

CARDIAC & CARDIOVASCULAR SURGERY

- Microvascular surgery

EAR SURGERY

- Amputation of external ear
Excision of tumor from external ear canal
Otoplasty

EYE SURGERY

- Dilatation of lacrimal duct
Probing of lacrimal duct
Operation on tear gland
Reconstruction of orbit & eyelid

ORAL SURGERY

- Reduction of jaw fracture
Excision of bone tumor
Plastic repair of mouth and lip
Repair of cleft palate
Gingivectomy

NOSE AND THROAT SURGERY

- Nasal bone - reduction of fracture
Nasal septum - submucous resection
Rhinoplasty
Tracheotomy

UROLOGY

- Reconstruction of congenital deformity

NEUROSURGERY

- Cranioplasty
Nerve resection and transplant
Repair of meningocele
Microsurgical nerve graft

PLASTIC SURGERY

- Skin grafting - all types
Bone grafting - all types
Dupuytren's contraction
Repair of epispadias
Syndactylysm operation
Pilonidal cyst

MISCELLANEOUS

- Hand surgery
Face surgery
Other

Applicant's Signature

Date

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For Office Use Only

Recommendations:

- Approve as requested.
- Approve with modifications as noted below.
- Denial of privileges.

Modifications: _____

I (we) attest that in recommending these privileges, due consideration has been given to the applicant's professional performance, training, experience, judgment, and technical skills.

Chairman, Plastic and Reconstructive Surgery Section _____
Date

Chairman, Department of Surgery _____
Date

Co-Chief of Professional Staff (if requesting interim privileges) _____
Date

Action:

Credentials Committee Date: _____

Professional Staff Executive Committee Date: _____

Board of Trustees Date: _____

Comments:

