FOOTHILL PRESBYTERIAN HOSPITAL
An Affiliate of Citrus Valley Health Partners

CRITERIA FOR GRANTING OPHTHALMOLOGY PRIVILEGES

	PRIVILEGES REQUESTED	APPROX. # PERFORMED LAST 2 YEARS	APPROVED AND/OR COMMENTS
______	EXCISION LESIONS: EYELIDS-OCULAR	______	______________
______	PLASTIC REPAIR LIDS	______	______________
______	REMOVAL FOREIGN BODY: ORBITAL-OCULAR/CORNEA	______	______________
______	REPAIR LACERATIONS: EYELIDS-OCULAR	______	______________
______	ENUCLEATION	______	______________
______	CATARACT EXTRACTION	______	______________
______	ANTERIOR/POSTERIOR LENS IMPLANT	______	______________
______	IRIDECTOMY	______	______________
______	VITRECTOMY	______	______________
______	RETINAL DETACHMENT	______	______________
______	GLAUCOMA	______	______________
______	DACRYOCYSTECTOMY	______	______________
______	DACROYOCYSTORHINOSTOMY	______	______________
______	EVISCERATION	______	______________
______	STRABISMUS	______	______________
______	PTOSIS REPAIR	______	______________
______	KERATOPLASTY	______	______________
______	BLEPHAROPLASTY	______	______________
______	ECTROPION-ENTROPION REPAIR	______	______________
______	ORBITAL FRACTURES	______	______________
______	ORBITOTOMY	______	______________
______	LASER SURGERY	______	______________
______	CHALAZION	______	______________
______	PTERYGIUM	______	______________
______	SQUINT	______	______________
______	PLASTIC ON LIDS	______	______________
______	PLASTIC ON LACRYMAL SYSTEM	______	______________

PRIVILEGES REQUESTED	**APPROX. # PERFORMED LAST 2 YEARS**	**APPROVED AND/OR COMMENTS**

MISCELLANEOUS

______ __________________________________	______	____________
______ __________________________________	______	____________
______ __________________________________	______	____________

On the basis of my training and experience, I am qualified to exercise and request the privileges which I have checked.

I have not requested privileges for any procedures for which I am not qualified. I am familiar with the laws of the State governing the practice of medicine and pledge to abide by these laws.

PRIVILEGES APPROVED: [__] AS REQUESTED [__] AS MODIFIED BELOW

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Applicant's Signature Date

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Chairman, Surgery Department Date