FOOTHILL PRESBYTERIAN HOSPITAL
An Affiliate of Citrus Valley Health Partners

PLASTIC SURGERY PRIVILEGES REQUEST FORM

Please review these privileges carefully to determine those privileges for which you are qualified, either by proof of training or experience. Physicians requesting privileges should have completed an approved residency and be board certified or eligible in Plastic Surgery or have training in a qualified plastic surgery program.

Privileges: To admit, treat and consult with limitation. Consultation strongly suggested for any case in which diagnosis or management remain in question for a longer than usual period of time.

PRIVILEGES REQUESTED	APPROX. # PERFORMED LAST 2 YEARS	APPROVED AND/OR COMMENTS
PLASTIC SURGERY		
_____ ANY REVISION OF SCARS	_____	_____
_____ ALL ORAL SUGERY INCLUDING EXCISION, LESIONS	_____	_____
_____ BLEPHAROPLASTY	_____	_____
_____ EXCISION LESION - ORBIT	_____	_____
_____ PLASTIC REPAIR LIDS	_____	_____
REDUCTION-DISLOCATION OR FRACTURE		
_____ FACIAL BONES	_____	_____
_____ CLOSED	_____	_____
_____ OPEN WITH/WITHOUT FIXATION DEVICE_____		_____
_____ EXCISION LESIONS - SKIN, SUBCUTANEOUS, LYMPH	_____	_____
_____ EXCISION BRACHIAL CLEFT CYST	_____	_____
_____ TRACHEOTOMY	_____	_____
_____ RHINOPLASTY	_____	_____
_____ SUBMUCOUS RESECTOIN	_____	_____
_____ SINUS INCISION	_____	_____
_____ EXCISION BREAST LESIONS	_____	_____
_____ I & D BREAST ABSCESS	_____	_____
_____ SIMPLE MASTECTOMY	_____	_____

MAMMOPLASTY

_____	AUGMENTATION	_____	_____
_____	REDUCTION	_____	_____
_____	BURNS - FIRST DEGREE	_____	_____
_____	BURNS - SECOND/THIRD DEGREE	_____	_____
_____	SKIN GRAFTS - SPLIT THICKNESS	_____	_____
_____	PEDICLE GRAFTS	_____	_____
_____	TUBULAR GRAFTS	_____	_____
_____	REPAIR LACERATIONS - SKIN/SUBCUT	_____	_____
_____	ABDOMINAL LIPECTOMY	_____	_____
_____	FACE LIFT	_____	_____
_____	GLUTEAL LIFT	_____	_____

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

_____
_____
_____

_____
Applicant's Signature Date

_____
Chair, Surgery Department Date