

OTOLARYNGOLOGY PRIVILEGES
 Gulf Coast Medical Center
 Department of Surgery

Name:

Date:

General Privileges:	Currently Approved	Requested	Approved
Admit Patients			
Order Diagnostic / Therapeutic Services			
Write Orders / Progress Notes in Patients Charts			
Request Consultation			
Provide Consultation			
Render Any Care in Life Threatening Emergency			
Ear Surgery:			
Myringotomy			
External Canal Procedures (i.e. Canaloplasty)			
Mastoidectomy			
Stapedectomy			
Tympanoplasty			
Facial Nerve Decompression			
Endolymphatic Sac			
Labyrinthine Obliteration			
Otoplasty			
Procedures on Auricle			
Nose Surgery:			
Rhinectomy			
Grafts of Nose and Septum			
Septoplasty - SMR			
Rhinoplasty			
Lateral Rhinotomy			
Polyps			
Fractures			
Epistaxis Treatment			
Sinuses:			
Naso-Antral Window			
Turbinate Procedures			
Oro-antral Fistula Repair			
Maxillectomy			
Maxillary Fractures			
Facial Fractures			
Blow-Out Fractures			
Sinus Operation: Intra-nasal			
Sinus Operation: Extra-nasal			

Mouth:	Currently Approved	Requested	Approved
Biopsy Tongue			
Salivary Glands Surgery			
Glossectomy			
Cleft Lip/Palate Repair			
Throat:			
Palatoplasty			
Tonsillectomy/Adenoidectomy			
Tracheotomy			
Abscess of H & N			
Pharyngoplasty			
Thyro-glossal Cyst			
Vocal Cord Stripping			
Larynx:			
Microlaryngeal Procedures			
Fractures			
Laser Procedures			
Neck:			
Radical Neck Dissection			
Thyroid Surgery			
Diverticulum			
Branchial Cleft and Cyst			
Parotidectomy			
Plastic:			
Face Lift			
Blepharoplasty			
Rhytidectomy			
Excision Lesion of Face and Neck with Flap			
Cancer:			
Major Resection			
Major (Flap) Repair			
Endoscopy:			
Bronchoscopy			
Esophagoscopy (Foreign Body, Diagnostic, Biopsy, Dilatation)			
Laryngoscopy			
Sinoscopy			
Sedation Analgesia			

Name: _____

Laser Privileges:	Currently Approved	Requested	Approved
Nd: YAG			
CO2			
Additional Privileges:			

Modifications / Comments: _____

Physician Signature: _____ Date: _____

Chief of Service: _____ Date: _____

Credentials Approval: _____ Date: _____

Medical Executive Approval: _____ Date: _____

Board Approval: _____ Date: _____