

PLASTIC SURGERY 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			
Soft Tissue Repair and Use of Pedicle Flaps:			
Major Facial Lacerations (Acute)			
Major Scars or Keloid (Secondary Repairs)			
Z-Plasty or Local Pedicle Flaps			
Delays/Transfers of Distant Pedicle Flaps			
Grafts:			
Skin (Split or Full Thickness - Exc. Burns)			
Bone or Cartilage			
Fascia			
Dermis			
Tendon			
Nerve			
Synthetic Implant			
Soft Tissue Tumors (Benign):			
Lymphangioma			
Hemangioma			
Neurofibroma			
Pigmented Nevi			
Skin Malignancies:			
Basal Cell Carcinoma			
Squamous Cell Carcinoma			
Melanoma			
Salivary Gland Tumors:			
Benign			
Malignant			
Salivary Duct Surgery			

Regional Node Dissection (Neck, Axillary, or Inguinal):	Currently Approved	Requested	Approved
Radical			
Modified			
In Continuity with Primary Cancer			
Tumors of Bony or Dental Origin:			
Adamantinoma or Cyst			
Fibrous Dysplasia			
Sarcoma			
Other (Specify)			
Burns (Immediate Treatment):			
Thermal			
Chemical			
Electrical			
Grafting and Rehabilitation:			
Thermal			
Chemical			
Electrical			
Trunk:			
Decubitus Ulceration			
Nose:			
Nasal Injuries and Nasal Reconstruction			
Septoplasty			
Facial Fractures (All):			
Frontal			
Zygoma - Zygomatic Arch			
Maxilla			
Mandible			
Cleft Lip and Palate:			
Primary Lip Repair			
Palate Fistula Repair			
Cleft Lip Nasal Deformity			
Pharyngeal Flap or Pharyngoplasty			
Pushback or Secondary Palate Lengthening			
Pharyngeal Implant or Graft			
Ear Reconstruction:			
Complete Loss or Absence of External Ear			
Partial Loss of Ear or External Microtia			

Eyelids:	Currently Approved	Requested	Approved
Ptosis			
Ectropion Or Entropion			
Reconstruction (Full Thickness Loss)			
Chalazion			
Enucleation			
Dacryocystectomy			
Esthetic Surgery:			
Rhinoplasty			
Otoplasty			
Blepharoplasty			
Rhytidectomy			
Breast Surgery:			
Reduction Mammoplasty			
Augmentation Mammoplasty			
Gynecomastia			
Mastopexy			
Breast Reconstruction			
Facial Nerve Palsy:			
Nerve Suture or Graft			
Muscle Transfer			
Fascia or Tendon Sling			
Forehead Lift			
Chin Reduction			
Chin Augmentation			
Abdominoplasty			
Hair Transplants:			
Scalp Grafts and Flaps			
Hand Surgery:			
Tenorrhaphy			
Neurorrhaphy			
Tendon Grafts			
Tendon Transfer			
Nerve Grafts			
Tenolysis			
Neurolysis			
Palmar Fasciectomy			

Hand Surgery: (Continued)	Currently Approved	Requested	Approved
Syndactyly			
Polydactyly			
Phalangization of Digit Transposition			
Osteotomy or Bone Grafting			
Arthrodesis			
Closed and/or Open Reduction of Phalangeal or Metacarpal Fractures			
Lower Extremity Repair:			
X-leg Flaps, Avulsion Injuries, Soft Tissue Contouring			
Craniofacial Surgery			
Orbital Decompression			
Suction Lipectomy			
Chemical Face Peeling, Dermabrasion			
Microsurgery			
Sedation Analgesia			
Laser Privileges:			
CO2			
Additional Requests:			

Modifications / Comments: _____

Physician Signature: _____ Date: _____

Chief of Service: _____ Date: _____

Credentials Approval: _____ Date: _____

Medical Executive Approval: _____ Date: _____

Board Approval: _____ Date: _____