

**CLEVELAND AMBULATORY SURGERY CENTER
 DELINEATION OF CLINICAL PRIVILEGES
 Plastic Surgery**

Applicant's Signature	Date
-----------------------	------

Printed Name: _____

The granting, reviewing and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

Indicate procedures for which you *do* and *do not* wish to be credentialed. Return this form with your Application.

Procedures	Credentialing Request	
	Yes	No
Cyst excision		
Closed reduction nasal fractures		
Blepharoplasty		
Face lift, full, modified		
Face peel		
Dermabrasion		
Flap revision, release		
Hair transplant		
Chin implant		
Basal cell excision		
Tattoo excision		
Scar revision		
Nevus excision		
Lesion excision		
Mass excision		
Incision and drainage		
Skin graft		
Otoplasty		
Cleft ear lobe repair		
Contracture release		
Eyelid revision		
Flap revision		
Keloid resection		
Laceration suturing		
Debridement		
Lip reconstruction		
Mentoplasty		
Neuroma excision		
Rhinoplasty		
Septoplasty		

DELINEATION OF CLINICAL PRIVILEGES - Plastic Surgery - (continued)

Procedures	Credentialing Request	
	Yes	No
Nasal reduction, closed, open		
Suture removal		
Wedge resection		
Wedge resection in general (facial)		
Z-plasty		
Z-plasty in general		
Zygoma reduction, closed		
Palatal repair, minor		
Liposuction, head and neck and general body		
Staged reconstruction		
Osteoma		
Malar augmentation		
Forehead lift		
Breast Augmentation		
Body Liposuction		
Monitoring of patients undergoing local infiltration anesthesia		
Monitoring of patients undergoing conscious sedation		
Dressing change		