

Union West Surgery Center
PRIVILEGE REQUEST: Ophthalmology

Provider Printed Name: _____

Provider Signature: _____

Date: _____

| PROCEDURE | REQUESTED | APPROVED |
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| ANESTHESIA LOCAL | | |
| ANESTHESIA REGIONAL | | |
| ANESTHESIA TOPICAL | | |
| AQUEOUS SHUNT | | |
| BIOPSY LACRIMAL GLAND | | |
| BLEPHAROPLASTY | | |
| BLEPHAROPIGMENTATION | | |
| CANTHOPLASTY | | |
| CANTHOTOMY | | |
| CAPSULOTOMY | | |
| CATARACT EXTRACTION WITH/WITHOUT IOL INSERTION | | |
| CHALAZION EXCISION | | |
| CONJUNCTIVAL CRYOPEXY | | |
| CONJUNCTIVOPLASTY WITH/WITHOUT GRAFT | | |
| CORNEAL BVIOPSY | | |
| CYCLOCRYOPEXY | | |
| DACRYOCYSTECTOMY | | |
| DACYOCYSTORHINOSTOMY | | |
| ECTROPION REPAIR | | |
| ENTROPION REPAIR | | |
| ENUCLEATION OF EYE, WITH/WITHOUT IMPLANT | | |
| EVISCERATION OF OCULAR CONTENTS WITH/WITHOUT IMPLANT | | |
| EXAMINATION UNDER ANESTHESIA | | |
| EXCHANGE OF IOL | | |
| EXCISION LACRIMAL SAC | | |
| EXCISION LESION, CYST, TUMOR, BIOPSY | | |
| EXTRACTION OF IOL, EXTRACAPSULAR, INTRACAPSULAR | | |
| EYELID RECONSTRUCTION | | |
| GONIOPUNCTURE | | |
| CONIOTOMY | | |
| HISTORY AND PHYSICAL | | |
| IRIDOPLASTY | | |
| IRIDOTOMY | | |
| IRRIGATION AND DRAINAGE | | |

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| LACRIMAL DUCT PROBING | | |
| LACRIMAL GLAND BIOPSY | | |
| LEVATOR RESECTION | | |
| PARACENTESIS OF ANTERIOR CHAMBER | | |
| PUNCTAL OR CANALICULAR EXPLORATION WITH/WITHOUT REPAIR | | |
| PTOSIS REPAIR | | |
| PUNCTAL CAUTERY | | |
| PUPILLOPLASTY | | |
| PTERYGIECTOMY | | |
| REMOVAL OF FOREIGN BODY, TUMOR | | |
| REMOVAL OF LENS MATERIAL | | |
| REMOVAL/REPOSITION OF IOL | | |
| REPAIR OF BLEPHAROPTOSIS | | |
| REPAIR OF DIALYSIS | | |
| REPAIR OF LACERATION, WOUND | | |
| REPAIR OF PROLAPSE | | |
| SCLEROTOMY – PARTIAL OF FULL THICKNESS | | |
| STABISMUS SURGERY, RECESSON OR RESECTION | | |
| SUPERVISION OF NON-PHYSICIAN PERSONNEL | | |
| SUTURE REMOVAL | | |
| TARSORRHAPHY | | |
| TEAR DUCT REMOVAL | | |
| TRABECULECTOMY | | |
| TRABECULOPLASTY | | |
| TRABECULOTOMY | | |
| VITRECTOMY, ANTERIOR | | |
| VITECTOMY, POSTERIOR | | |
| VITEOUS TAP | | |

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| Medical Executive Committee - Approved By: | Approval Date: |
| Board of Managers — Approved By: | Approval Date: |