

Union West Surgery Center

PRIVILEGE REQUEST: GENERAL SURGERY

Provider Printed Name: _____

Provider Signature: _____

Date: _____

PROCEDURE	REQUESTED	APPROVED
Anesthesia: Local Anesthesia: Topical		
Appendectomy, laparoscopic		
Axillary node dissection		
Breast biopsy		
Diagnostic laparoscopy		
Excision of nevus/lipoma/sebaceous cyst/lipoma/ skin lesion/mass/suture		
Excision/cauterization anal warts		
Excision/marsupialization pilonidal cyst		
Fistulectomy, fistulotomy		
Hemorrhoidectomy		
Herniorrhaphy, (inguinal, ventral, femoral, umbilical)		
History and Physical		
Hydrocelectomy		
Incision and drainage (I & D) perirectal/perianal abscess		
Interpretation of X-rays		
Insertion/removal Hickman catheter		
Laparoscopic cholecystectomy		
Lumpectomy		
Muscle biopsy		
Node biopsy		
Open laparotomy		
Removal of catheter (Tenckhoff)		
Removal of foreign body		
Skin graft, full thickness, split thickness		
Sphincterotomy		
Supervision of non-physician personnel		
Temporal artery biopsy		
Toe amputation		

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