

900 N MICHIGAN SURGERY CENTER

**PRIVILEGE REQUEST FORM  
PLASTIC/DERMATOLOGY**

I am applying for the following privileges of which I am also currently credentialed at \_\_\_\_\_, an Illinois hospital.

REQUESTED	GRANTED	PROCEDURE
_____	_____	Soft Tissue:
_____	_____	Debridement
_____	_____	Lacerations
_____	_____	Scar revision/dermabrasion/z-plasty
_____	_____	Graft skin
_____	_____	Flap skin
_____	_____	Flap, multiple tissue and/or muscle
_____	_____	Tissue expander
_____	_____	Incision and drainage
_____	_____	Biopsy
_____	_____	Amputations, minor (skin tags)
_____	_____	Cosmetic:
_____	_____	Chemical Peel
_____	_____	Microdermabrasion
_____	_____	Dermabrasion
_____	_____	Reduction forehead contouring, facial bone contouring
_____	_____	Liposuction
_____	_____	Laser resurfacing / Laser surgery
_____	_____	Incision and drainage
_____	_____	Foreign body, implant removal
_____	_____	Debridement
_____	_____	Removal of benign tumors
_____	_____	Tattoo Removal

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<b>REQUESTED</b>	<b>GRANTED</b>	<b>PROCEDURE</b>
_____	_____	Cryosurgery
_____	_____	Dermal transplants
_____	_____	Mohs Surgery
_____	_____	Removal of moles
_____	_____	<b>Other (Please Specify):</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Practitioner's Signature Print Name Date

\_\_\_\_\_  
Medical Director Approval, 900 N. Michigan Surgical Center Date

\_\_\_\_\_  
Governing Body Approval Date