

**900 N. MICHIGAN SURGERY CENTER**

**PRIVILEGE REQUEST FORM  
GENERAL SURGERY**

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

<b>REQUESTED</b>	<b>GRANTED</b>	<b>PROCEDURE</b>
_____	_____	<b>Biopsies:</b>
_____	_____	Axillary node
_____	_____	Breast
_____	_____	Cervical node
_____	_____	Muscle
_____	_____	Rectal
_____	_____	Testicular
_____	_____	Colonoscopy with biopsy
_____	_____	Colpotomy
_____	_____	Debridement of wound
_____	_____	Esophagoscopy
_____	_____	<b>Excisions:</b>
_____	_____	Calcium deposits
_____	_____	Cysts
_____	_____	Lesions – shoulder, skin
_____	_____	Lipoma
_____	_____	Masses, breast, other
_____	_____	Papilloma
_____	_____	Tumors
_____	_____	Fistulectomy
_____	_____	Foreign body removal
_____	_____	Frenulectomy – tongue
_____	_____	Hemorrhoidectomy
_____	_____	Herniorraphy – Inguinal
_____	_____	Herniorraphy – Umbilical
_____	_____	Hydrocelectomy
_____	_____	I & D Abscess

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REQUESTED	GRANTED	PROCEDURE
_____	_____	Lysis of adhesions
_____	_____	Pilonidal Cystectomy
_____	_____	Proctosigmoidoscopy
_____	_____	Rectal Fissurectomy
_____	_____	Rectal Polypectomy
_____	_____	Removal, Breast implants
_____	_____	Repair, Costal defects
_____	_____	Repair, Torticollis
_____	_____	Sigmoidoscopy
_____	_____	Stitch granuloma
_____	_____	Suture, Facial wounds
_____	_____	Suture, Removal
_____	_____	Varicose vein ligation
_____	_____	Vermilionectomy
_____	_____	<b>Other (Please Specify):</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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