

900 N. MICHIGAN SURGICAL CENTER

**PRIVILEGE REQUEST FORM
VASCULAR SURGERY**

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

| REQUESTED | GRANTED | PROCEDURE |
|------------------|----------------|---|
| _____ | _____ | Central IV Catheter |
| _____ | _____ | Cut down for insertion/intravenous catheter |
| _____ | _____ | Insertion/peripheral IV catheter |
| _____ | _____ | Arterial embolectomy or thrombectomy |
| _____ | _____ | Endarterectomy , aorta and major arteries |
| _____ | _____ | Graft bypass of artery |
| _____ | _____ | Inferior vena cava interruption |
| _____ | _____ | Intravenous interruption vena cava |
| _____ | _____ | Portal systemic venous shunt |
| _____ | _____ | Repair major artery |
| _____ | _____ | Subfascial ligation of leg veins |
| _____ | _____ | Sympathectomy, lumbar |
| _____ | _____ | Vascular access for hemodialysis |
| _____ | _____ | Vein stripping & ligation, legs |
| _____ | _____ | Venous embolectomy or thrombectomy |
| _____ | _____ | Other (Please Specify): |
| _____ | _____ | _____ |

Practitioner's Signature Print Name Date

Medical Director Approval, 900 N. Michigan Surgical Center Date

Governing Body Approval Date