

Presidio Surgery Center

A California Pacific Medical Center Affiliate

OTORHINOLARYNGOLOGY

DELINEATION OF PRIVILEGES

I, _____, hereby request privileges in the specialty of **OTORHINOLARYNGOLOGY** as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Please indicate by a check in the requested column those privileges which are commensurate with your clinical ability, training and experience for which you are applying.

PRIVILEGES	Requested	A=Approved AP=Approved w/proctor NA=Not Approved
• Evaluation and diagnosis of medical conditions to determine need for surgical intervention with regard to appropriate consultation when prudence and good medical care so require.		
• Excision lesion external ear		
• Plastic operation external auditory meatus		
• Excision lesion head and neck		
• Surgery of paranasal sinuses		
• Endoscopic surgery paranasal sinus		
• Functional Endoscopic Sinus Surgery (FESS)		
• Myringotomy		
• Mastoidectomy (includes radical)		
• Parotidectomy		
• Septoplasty		
• Stapedectomy with ossicular reconstruction		
• Tonsillectomy		
• Tonsillectomy and adenoidectomy		
• Turbinate Resection		
• Tympanectomy		
• Excision lesion nose		
• Rhinoplasty & repair of nose		
• Reduction fracture nasal bones		
• Laryngoscopy		
• Local excision lesions, vocal cords and trachea		
• Repair and plastic operations larynx		
• Uvulopalatopharyngoplasty		
• Emergency tracheotomy/ostomy and laryngotomy		
• Radiofrequency Tonsillar Reduction (Certificate of training required)		
• Local Anesthesia		
• Topical Anesthesia		

Your initials as used in Medical Records _____

Physician

Date

Approval/Comments: _____

Specialty Rep/Medical Director

Date