

**Shock Trauma Center  
Delineation of Clinical Privileges  
Section of Plastic Surgery**

Type of Request:   \_\_\_ Initial   \_\_\_ Renewal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check areas in which privileges are requested.

Procedures	Check if Privileges Requested	Chair Approval Initial if Yes Write No if Not Approved
<b>SKIN AND SUBCUTANEOUS TISSUE</b>		
Debridement of wounds or infectious processes with necrosis		
Burns		
Grafting		
Closure of lacerations		
Local excisions of tumors		
Decubitus grafts		
<b>HEAD AND NECK</b>		
Exploration for traumatic injury		
Incision and drainage of abscess		
Tracheostomy		
Tracheal repair for injury		
Crico Thyroidotomy		
Submaxillary resection		
Parotid gland resector, repair or duct anastomosis for injury		
Laryngectomy for traumatic injury		
Esophageal repair for injury		
Repair of carotid artery injury including vascular grafts		
Glossectomy partial or total for trauma		
Maxillary surgery		
Facial reconstruction		
Plastic repair of head and neck injury including local transfer grafts or deltopectoral flaps		
Vascular anastomosis for composite graft transfer		
<b>BREAST</b>		
Repair of laceration of breast		
Biopsy with frozen section		
Excision of tumors or cysts		
Partial mastectomy		
Simple mastectomy		
Modified radical mastectomy		
Radical mastectomy		
<b>THYROID AND ENDOCRINE(EXCLUDING SURGERY FOR NEOPLASTIC DISEASE)</b>		
Thyroglossal cystectomy		
Thyroid lobectomy		
Bilateral subtotal lobectomy		
Total thyroidectomy		
Parathyroidectomy hypercalcemia		
Excision of thoracic thyroid		
Thymectomy		
Adrenalecotmy		

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Procedures	Check if Privileges Requested	Chair Approval Initial if Yes Write No if Not Approved
<b>NERVE</b>		
Nerve repair		
Neurorrhphy		
<b>EXTREMITIES</b>		
Hand		
I&D Bone Felon		
I&D Paponychia		
Tenorrhaphy		
Flexor		
Extensor		
Excision ganglion		
Tendon repair		
Tendon transfer		
Microvascular repair		
<b>AMPUTATIONS</b>		
Fingers		
Toes		
B-K		
A-K		
Arm		
Hip disarticulation (for trauma)		
Forequarter amputation (trauma)		
Hemipelvectomy (trauma)		

\_\_\_\_\_  
**Applicant's Signature**                      **Date**

\_\_\_\_\_  
**Chief, Plastic Surgery**                      **Date**  
**Shock Trauma Center**

\_\_\_\_\_  
**Clinical Director**  
**Shock Trauma Center**

\_\_\_\_\_  
**Applicant Verification Signature**   **Date**  
 (to be completed if privilege(s) is/are not approved)