ADVANCED SURGICAL PRIVILEGES FORM / PLASTIC SURGERY

Applicant's Name: .....

License No. (If Any): ..... Date: D D M M Y Y Y Y

CATEGORY I: BODY CONTOURING PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Liposuction:					
a. Lower limb – below knee	☐		☐	☐	
b. Energy or power (mechanical assisted) liposuction (Laser, Ultrasound, Radiofrequency, Power)	☐		☐	☐	
c. Major ≥ 6 hrs	☐		☐	☐	
2. Lipofilling:					
a. Limbs	☐		☐	☐	
b. Body	☐		☐	☐	
c. Buttocks	☐		☐	☐	
3. Thigh lifts	☐		☐	☐	
4. Breast Surgery:					
a. Reduction	☐		☐	☐	
b. Augmentation + Mastopexy (combined)	☐		☐	☐	

CATEGORY II: FACIAL AESTHETIC PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Face lift	☐		☐	☐	
2. Brow lift	☐		☐	☐	
3. Neck lift	☐		☐	☐	
4. Facial Lipofilling	☐		☐	☐	
5. Blepharoplasty:	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
a. Lower lid	☐		☐	☐	
6. Aesthetic Rhinoplasty:					
a. Rib cartilage	☐		☐	☐	
b. Synthetic	☐		☐	☐	
7. Nasal Septoplasty	☐		☐	☐	
8. Septorhinoplasty	☐		☐	☐	
9. Ear Reconstruction	☐		☐	☐	

CATEGORY III: HAND SURGERY AND HAND TRAUMA

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Degenerative Condition:					
a. C.T. open decompression	☐		☐	☐	
b. Trigger finger release	☐		☐	☐	
c. De Quervian's tenosynovitis release	☐		☐	☐	
d. Hand ganglia excision	☐		☐	☐	
e. Giant cell tumor excision	☐		☐	☐	
f. Excision arthroplasty CM CJ	☐		☐	☐	
g. Arthrodesis of hand	☐		☐	☐	
h. Arthroplasty of hand	☐		☐	☐	
2. Hand Trauma:					
a. Exploration of hand injury	☐		☐	☐	
b. ORIF of hand fractures	☐		☐	☐	
c. K-Wire fixation of hand fractures	☐		☐	☐	
d. Flexor tendon repair	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
e. Extensor tendon repair	☐		☐	☐	
f. External fixator application	☐		☐	☐	
g. Repair of nerve injuries	☐		☐	☐	
h. Repair of vascular injuries	☐		☐	☐	

CATEGORY IV: RECONSTRUCTION

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Burns:					
a. Excision and flap reconstruction	☐		☐	☐	
2. Skin Reconstruction:					
a. Skin flaps:					
i. Free flaps	☐		☐	☐	
3. Breast Reconstruction:					
a. Latissimus dorsi flap	☐		☐	☐	
b. TRAM flap	☐		☐	☐	
c. Tissue expansion	☐		☐	☐	

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ADDITIONAL PRIVILEGE (NOT INCLUDED ABOVE)

Privileges	For applicant use		For committee use				
	Request	Signature	Recommended			Not Recommended	Reason for rejection (if any)
			Facility type				
			Hospital	Day care	Clinic under LA		

Note:
You must submit along with this application all necessary document(s) to support your request.

Applicant's signature ..... Date: D D M M Y Y Y Y

ADVANCED SURGICAL PRIVILEGES FORM / PLASTIC SURGERY

FOR COMMITTEE USE ONLY

Committee Decision:

Evaluation type:

- By Interview ☐ virtual / personal
- By documents only ☐
- Or both ☐

Other comments:

.....

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant, and We have made the above-noted recommendation(s).

.....
Name, Signature & Stamp

Date: DD MM YYYY

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Name, Signature & Stamp

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