ADVANCED SURGICAL PRIVILEGES FORM / OPHTHALMOLOGY

Applicant's Name: ....

License No. (If Any): .... Date: DD MM YYYY

CATEGORY I: ANTERIOR SEGMENT SECTION

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Cataract operation					
a. Phacoem ulsification+ IOL	☐		☐	☐	
b. ECCC+IOL	☐		☐	☐	
c. Irrigation & Aspiration± Ant.vitrectomy±IOL	☐		☐	☐	
2. 2nd Implantation					
a. Ant.IOL	☐		☐	☐	
b. Post.IOL	☐		☐	☐	
3. Keratoplasty					
a. Penetrating keratoplasty	☐		☐	☐	
b. Lamellar keratoplasty	☐		☐	☐	
c. Deep Lamellar Keratoplasty	☐		☐	☐	
d. Descement stripping automated endothelial Keratoplasty (DSAEK)	☐		☐	☐	
e. DMEK	☐		☐	☐	
f. Cross linking	☐		☐	☐	
4. Glaucoma					
a. Trabeculectomy + Mitomycin C	☐		☐	☐	
b. Trabeculectomy	☐		☐	☐	
c. Deep sclerectomy	☐		☐	☐	
d. Goniotomy	☐		☐	☐	
e. Bleb needling	☐		☐	☐	
f. Subconjunctival injection of anti-fibrotic agent 5FU of mitomycin C	☐		☐	☐	

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5. Glaucoma implant	☐		☐	☐	
6. Endocyclophoto coagulation	☐		☐	☐	
7. Choroidal drainage & anterior chamber reformation	☐		☐	☐	
8. Vitreous tap or anterior vitrectomy via pars plana with anterior chamber reformation	☐		☐	☐	
9. Lasik	☐		☐	☐	
10. Photo Refractive Keratectomy (PRK)	☐		☐	☐	
11. Photo Therapeutic Keratectomy (PTK)	☐		☐	☐	
12. Laser astigmatic treatment	☐		☐	☐	
13. Smile laser eye surgery	☐		☐	☐	
14. Instrumental corneal ring segment (ICR)	☐		☐	☐	
15. Cyclo-cryopexy	☐		☐	☐	
16. Cyclophotocoagulation	☐		☐	☐	
17. Iris Surgery					
a. Iridectomy	☐		☐	☐	
b. Iris lesion excision	☐		☐	☐	
18. Laser iridectomy	☐		☐	☐	
19. Superficial keratectomy	☐		☐	☐	
20. Argon laser trabeculoplasty (ALT)	☐		☐	☐	
21. Selective laser trabeculoplasty (SLT)	☐		☐	☐	
22. Laser suture lysis	☐		☐	☐	
23. Conjunctival lesion excision biopsy	☐		☐	☐	
24. Examination under anesthesia	☐		☐	☐	
25. Eye trauma repair	☐		☐	☐	

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CATEGORY II: POSTERIOR SEGMENT SECTION

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Scleral buckling for retinal detachment	☐		☐	☐	
2. Pars plana vitrectomy for:					
a. Diabetic vitreous hemorrhage or tractional retinal detachment	☐		☐	☐	
b. Macular hole surgery with internal limiting membrane removal	☐		☐	☐	
c. Proliferate vitreo retinopathy with or without anterior retinectomy	☐		☐	☐	
d. Endophthalmitis	☐		☐	☐	
e. Removal of sub retinal hemorrhage	☐		☐	☐	
f. Removal of intra-ocular foreign body	☐		☐	☐	
g. Removal of dropped nucleus or IOL	☐		☐	☐	
3. Pars plana Lensectomy	☐		☐	☐	
4. Anterior vitrectomy	☐		☐	☐	
5. Intravitreal injection of:					
a. Antibiotic	☐		☐	☐	
b. Triamcinolone/Avastin/Lucentis	☐		☐	☐	
c. Expansile gases (pneumatic retinopathy)	☐		☐	☐	
6. Silicon oil injection or intravitreal injection of gases	☐		☐	☐	
7. Silicon oil removal	☐		☐	☐	
8. Cryopexy	☐		☐	☐	
9. Indirect Laser	☐		☐	☐	
10. Implantable Collamer lens (ICL)	☐		☐	☐	
11. Cyclo-Photocoagulation	☐		☐	☐	
12. Argon Laser:	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
a. Panretinal laser photocoagulation	☐		☐	☐	
b. Focal laser photocoagulation	☐		☐	☐	
c. Grid Laser	☐		☐	☐	
13. Phaco or ECCE + PPV	☐		☐	☐	
14. Phaco + silicon oil removal	☐		☐	☐	
15. Phaco + IV injection	☐		☐	☐	
16. EUA for pediatric retina	☐		☐	☐	
17. Insertion of slow-release drug delivery system	☐		☐	☐	
18. Eye trauma repair	☐		☐	☐	

CATEGORY III: OCULOPLASTIC PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Everting sutures, horizontal lid shortening					
a. For Entropion & Trichiasis lower lid	☐		☐	☐	
b. For Ectropion of upper lid	☐		☐	☐	
2. Tarsal fracture	☐		☐	☐	
3. Tarsorrhaphy – for facial palsy	☐		☐	☐	
4. Levator resection for ptosis	☐		☐	☐	
5. Brow suspension for ptosis	☐		☐	☐	
6. Eyelid lesion excision	☐		☐	☐	
7. DCR+ intubation for dacryocystitis	☐		☐	☐	
8. Dermoid and lipodermoid excision	☐		☐	☐	
9. Enucleation and implant	☐		☐	☐	
10. Evisceration and implant	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
11. Blepharoplasty	☐		☐	☐	
12. Eye trauma repair	☐		☐	☐	
13. Probing and intubation	☐		☐	☐	
14. Pterygium and autograft	☐		☐	☐	
15. Orbital lesion excision	☐		☐	☐	
16. Orbital abscess drainage	☐		☐	☐	
17. Orbital foreign body removal	☐		☐	☐	
18. Lid abscess drainage	☐		☐	☐	
19. Lid reconstruction	☐		☐	☐	
20. Lid coloboma repair	☐		☐	☐	
21. 3 snip procedure	☐		☐	☐	
22. Punctoplasty plus plug insertion	☐		☐	☐	
23. DCR endoscopy	☐		☐	☐	
24. Orbital floor fracture repair	☐		☐	☐	
25. Orbital bone decompress	☐		☐	☐	
26. Botox injection	☐		☐	☐	
27. Filler injection	☐		☐	☐	

CATEGORY IV: PEDIATRIC OPHTHALMIC SURGICAL

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Strabismus					
a. Horizontal muscle recession+ resection	☐		☐	☐	
b. Horizontal muscle tendons transposition	☐		☐	☐	
c. Vertical muscles adjustable suture, recession and resection	☐		☐	☐	

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Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
d. Vertical muscle recession, resection and faden sutures	☐		☐	☐	
e. Oblique muscles myectomy, recession and transposition	☐		☐	☐	
2. Congenital and traumatic cataract					
a. Lensectomy and anterior vitrectomy	☐		☐	☐	
b. Phaco emulsification & primary IOL implant	☐		☐	☐	
c. Secondary IOL implant	☐		☐	☐	
d. Secondary IOL implant with scleral fixation	☐		☐	☐	
3. Congenital glaucoma					
a. Goniotomy	☐		☐	☐	
b. Trabeculotomy	☐		☐	☐	
c. Trabeculotomy combined with trabeculectomy	☐		☐	☐	
d. Trabeculectomy with & without mitomycin C	☐		☐	☐	
4. Oculoplastic					
a. Probing of nasolacrimal	☐		☐	☐	
b. Probing and intubation of nasolacrimal duct	☐		☐	☐	
c. Dermoid cyst excision (limbal, angular)	☐		☐	☐	
d. Congenital lid and anterior segment lesion excision	☐		☐	☐	
5. Anterior segment					
a. Iris surgery (iridectomies, congenital iris lesion excision)	☐		☐	☐	
b. Pupiloplasty (congenital anterior papillary membrane remnants and adhesions, post traumatic pupil reconstruction)	☐		☐	☐	
6. Examination under anesthesia	☐		☐	☐	
7. Eye trauma repair	☐		☐	☐	

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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 / OPHTHALMOLOGY

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 Name, Signature & Stamp

Date: DD MM YYYY Date: DD MM YYYY

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Name, Signature & Stamp Name, Signature & Stamp

Date: DD MM YYYY Date: DD MM YYYY

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