
Name of Applicant (Please Print)

NEURO/SPINE SURGERY REQUEST FOR PRIVILEGES

I hereby request surgical privileges in the specialty of Neuro/Spine Surgery as shown on this form. I understand that privileges granted are subject to a biennial review coinciding with reapplication for medical staff membership. I also understand that application for additional or new procedures can be made at any time with proper documentation.

Documentation of training and experience is attached for those procedures marked by an asterisk (*).

The following surgical privileges are requested and are consistent with my abilities, training and experience.

PRIVILEGES	REQUEST (check)	APPROVED/COMMENTS
Laminectomy for: Lumbar disc		
Laminectomy for: Thoracic disc		
Laminectomy for: Cervical disc		
Laminectomy for: Mass lesion		
Laminectomy for: Decompression		
Laminectomy for: Rhizotomy		
Laminectomy for: Suction assisted discectomy		
Anterior interbody fusion: Lumbar		
Anterior interbody fusion: Cervical		
Anterior interbody fusion: Thoracic		
Application of skeletal tongs		
Application Halo traction		
Sympathectomy: Lumbar		
Sympathectomy: Thoraco-lumbar		
Sympathectomy: Cervical		
Transection or Avulsion of Nerve		
Excision Neuroma, Peripheral		
Neuroplasty		
Nerve section, avulsion or repair: Cervical		
Nerve section, avulsion or repair: Thoracic		
Nerve section, avulsion or repair: Lumbar		
Nerve section, avulsion or repair:		
Peripheral nerve surgery: Lower		
Peripheral nerve decompression (e.g. Carpal tunnel release, Ulnar nerve exploration/ decompression/transportation.		
Iliac crest Bone Graft		
Cyst removal: Cervical/Thoracic/Lumbar (Extradural and Intradural)		
Injection of Local Anesthesia		
Arterial puncture		
Central venous line placement		

Biopsy, gland, muscle or superficial tissue		
Lymph nodes, superficial biopsy and I&D		
Abscesses, superficial, I&D		
Suture or repair of superficial lacerations		
Removal of superficial foreign bodies		
Excision of superficial scars, cysts, tumors		
<i>Use Fluoroscopy equipment (C-Arm) Interpretation of radiographic images X-ray supervisor and operator certificate required.</i>		
Evaluation and Diagnosis of medical conditions to determine need for surgical intervention (History and Physical)		
Supervision of Radiology Technicians		
Administration of Topical Anesthesia		
Admit to 23 Hour Stay		
Laminotomy		
Decompression		
Stem Cell Injection		
PRP Injections		
Cervical Discectomy		
Lumbar Discectomy		
REQUESTED PROCEDURES NOT LISTED		

Signature of Applicant

Date

Signature Quality Improvement Committee Chairperson

Date Recommended

Governing Body Chairperson

Date Approved