Applicant's Name

_____

NEUROSURGERY

I hereby request surgical privileges in the specialty of Neurosurgery as shown in this form. I understand that privileges granted are subject to a bi-annual 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.

Please mark an "x" to the left side of the procedure name, denoting that is one of the procedures you wish to apply to perform at our facility. Once the Governing Body has approved you for this procedure, it will be noted to the right with an "x" as approved or denied.

Applied for	Approved	
❑ Carpal Tunnel Decompression, Open	❑ YES	❑ NO
❑ *Carpal Tunnel Decompression, Endoscopic	❑ YES	❑ NO
❑ Carpal Tunnel Ligament Release	❑ YES	❑ NO
❑ *Endoscopic Discetomy	❑ YES	❑ NO
❑ Extensor tendon repair, finger	❑ YES	❑ NO
❑ Extensor tendon repair, hand	❑ YES	❑ NO
❑ Fasciotomy with debridement	❑ YES	❑ NO
❑ Fasciotomy, flexor or extensor department	❑ YES	❑ NO
❑ Fasciotomy, palmer for Dupuytrens's Contracture	❑ YES	❑ NO
❑ Ganglionectomy	❑ YES	❑ NO
❑ Microdiscectomy	❑ YES	❑ NO
❑ Nerve Repair	❑ YES	❑ NO
❑ Neurolysis, ulnar	❑ YES	❑ NO
❑ Neck spine disk surgery	❑ YES	❑ NO
❑ Removal of spinal laminal	❑ YES	❑ NO
❑ **Radiography Use of Modality & interpretation of images (therapeutic and diagnostic)**	❑ YES	❑ NO
❑ **Ultrasound Use of Modality & interpretation of images (therapeutic and diagnostic)**	❑ YES	❑ NO
❑ **Fluoroscopy Use of Modality with State License & interpretation of images (therapeutic and diagnostic)**	❑ YES	❑ NO
❑ **Local anesthesia**	❑ YES	❑ NO
❑ **Conscious Sedation**	❑ YES	❑ NO
❑ **Supervision of Conscious Sedation Trained Registered Nurse**	❑ YES	❑ NO
❑ **History and Physical**	❑ YES	❑ NO

This document should be attached to the application for staff privileges along with all the supporting documents.

❑	❑ YES	❑ NO
❑	❑ YES	❑ NO
❑	❑ YES	❑ NO

Signature of Applicant _____ Date _____

Signature of Medical Director _____ Date _____

Signature of Chairman of the Governing Body _____ Date _____

This document should be attached to the application for staff privileges along with all the supporting documents.