

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 OPHTHALMOLOGY

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Ophthalmology			
Cataract & Anterior Segment Surgery: Extracapsular Cataract Extraction Intracapsular Cataract Extraction Irrigation & Aspiration of Hyphema and Reformation of AC			
Cornea Surgery: Penetrating Keratoplasty, Lamellar Keratectomy, and Keratectomy Radial Keratotomy Repair of Corneal Laceration			
Evisceration & Enucleation			
Glaucoma Surgery: Iridectomy Filtering Surgery, including trabeculectomy & trabeculotomy, goniotomy, cyclocryotherapy			
Lacrimal Sac & Nasolacrimal Duct Probing & Surgery			
Strabismus: Recession/Resection			
Vitreous & Retinal Surgery: Repair of Scleral Laceration			
Globe Rupture: Corneoscleral Laceration Repair Repair of Globe Rupture			
NON CORE PRIVILEGES:			
Cataract Surgery:			
Phacoemulsification with or without lens implantation			
Lacrimal Sac & Nasolacrimal Duct:			
Dacryocystorhinostomy			
Excision of lacrimal sac			
Orbit:			
Orbital Floor Fracture Repair, Orbitotomy			
Orbital Tumor Removal			
Plastic Surgery:			
Blepharoplasty, ectropion and entropion			
Ptosis			
Strabismus:			
Myectomy & Transplantation of Extraocular Muscles			
Vitreous & Retinal Surgery:			
Pars Plana Vitrectomy			
Scleral Buckling			
Intraocular Foreign Body Removal			
Diathermy & Retinal Cryopexy			
Laser Procedures:			
Argon Laser Iridotomy			
Argon Laser Trabeculoplasty			
Retinal Photocoagulation			
Yag Laser Iridotomy			

Yag Laser Posterior Capsulotomy			
Selective Laser trabeculoplasty			
OTHER:			

BOARD CERTIFICATION: All surgeons must be board certified and obtain within 5 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

Department Chief Signature Date