

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 PLASTIC SURGERY

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 Plastic Surgery Aesthetic surgery Breast surgery - augmentation, reduction & reconstruction Burn wound management (acute and reconstructive) Congenital anomalies involving face, trunk & extremities Endoscopic surgery Facial, head & neck, trunk & extremity trauma, including facial bone surgery Genitourinary deformity, external genitalia Hand and upper extremity surgery excluding joints & major bones of legs Laser Surgery Lower extremity surgery excluding joints & major bones of legs Skin & bone grafting Suction lipectomy & body contouring Trunk & extremity repair wounds, including pressure ulcers Maxillofacial & craniofacial surgery Microsurgery, including free tissue transfer to any area Neoplastic surgery involving head & neck, trunk & extremities			
NON CORE PRIVILEGES:			
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.

 Applicants' 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