

MEDSTAR UNION MEMORIAL HOSPITAL  
 DELINEATION OF PRIVILEGES  
 VASCULAR 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 Vascular Surgery			
Non Endovascular Surgery			
Infrarenal abdominal Aorta			
Carotid Arteries			
Lower Extremity Arterial Procedures			
Upper Extremity Arterial Procedures			
Varicose Vein Therapy			
Vena Cava Filters			
NON CORE PRIVILEGES:			
Supra Renal Abdominal Aorta			
Supra Aortic Trunks			
Thoracic Aorta			
Renal/Visceral Arteries			
Vertebral Arteries			
Portal Hypertension			
Major Vein Reconstruction			
Dialysis Access:			
Primary Procedure: (Fistula, graft)			
Secondary Procedures:			
Surgical Thrombectomy and Revisions			
Endovascular therapy (Lysis, catheter thrombectomy, Angioplasty)			
<b>*Endovascular Surgery: See separate Delineation Form*</b>			
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

\_\_\_\_\_  
 Division chief Signature Date