

THE NEW YORK EYE AND EAR INFIRMARY

DELINEATION OF PRIVILEGES

DEPARTMENT OF OTOLARYNGOLOGY

AMBULATORY/IN-PATIENT

NAME

(PLEASE PRINT)

Instruction:

Applicant: Please put a tick(✓) in the Privilege Requested Column

Chairman/Director: Please put a tick (✓) in the appropriate column.

	Privilege Requested	<u>Director of Services</u> Privilege Denied	Privilege Approved
<u>SALIVARY GLANDS</u>			
Superficial Parotidectomy		_____	_____
Total Parotidectomy		_____	_____
Parotidectomy with Nerve Graft		_____	_____
Submandibular Gland Excision		_____	_____
Parapharyngeal Space Tumor		_____	_____
Other		_____	_____
<u>NOSE AND MAXILLA</u>			
Rhinectomy		_____	_____
Lateral Rhinotomy		_____	_____
Maxillectomy		_____	_____
Maxillectomy with Orbital Extenteration		_____	_____
Excision Angiofibroma		_____	_____
Excision other Nasopharyngeal Tumor		_____	_____
Excision Tumor Ethmoid Cribiform Plate		_____	_____
Endoscopic Removal Nasal		_____	_____
- Sinus Tumor		_____	_____
Other		_____	_____
<u>EAR</u>			
Excision Pinna		_____	_____
Temporal Bone Resection		_____	_____
Other		_____	_____
		_____	_____
		_____	_____

	Privilege Requested	<u>Director of Services</u>	
		Privilege Denied	Privilege Approved
Repair Fistula (OW, RW)		_____	_____
Labyrinthectomy		_____	_____
Decompression Membranous Labyrinth:			_____
Cochleosacculotomy		_____	_____
Endolymphatic Sac Operation		_____	_____
VIII Nerve Section (Translabyrinthine)			
Excision Glomus Tumor			
Other Otologic			

FACIAL PLASTIC AND RECONSTRUCTIVE

Reconstruction External Ear		_____	_____
Otoplasty		_____	_____
Rhytidectomy		_____	_____
Mentoplasty		_____	_____
Rhinoplasty		_____	_____
Blepharoplasty		_____	_____
Repair Complex Facial Lacerations		_____	_____
CO ₂ Laser for Aesthetic Applications/ Skin Resurfacing		_____	_____
(Provide proof of approved course)			
Erbium Yag Laser		_____	_____
(Provide proof of approved course)			
Versapulse VPW Laser		_____	_____
(Provide proof of approved course)			
Flashlamp Pumped Dye Laser (FPDL)		_____	_____
(Provide proof of approved course)			
Fascial Sling Procedures		_____	_____
Oronatal Fistula Repair		_____	_____
Choanal Artesia Repair		_____	_____
Orthognathic Surgery		_____	_____
Cleft Lip Repair		_____	_____
Cleft Palate Repair		_____	_____
Pharyngeal Flap		_____	_____
T.M.J. Surgery		_____	_____
Excision Skin Lesions, 1 degree Closure		_____	_____
Scar Revision			
Other Plastic			
		_____	_____
		_____	_____

Director of Services

Privilege
Requested

Privilege
Denied

Privilege
Approved

REDUCTION FACIAL FRACTURES

Frontal	_____	_____
Nasal	_____	_____
Maxilla-LeFort I	_____	_____
LeFort II	_____	_____
LeFort II	_____	_____
Malar (zygomatic)	_____	_____
Orbital Blowout	_____	_____
Mandibular-closed	_____	_____
Mandibular-open	_____	_____
Other Fractures:	_____	_____
	_____	_____

PEDICLE FLAP PROCEDURES

Local	_____	_____
Regional	_____	_____
Free Flaps	_____	_____
Myocutaneous	_____	_____
Other	_____	_____
	_____	_____

GRAFTS

Splits Thickness Skin	_____	_____
Full Thickness Skin	_____	_____
Microsurgical Free Flap	_____	_____
Composite Graft	_____	_____
Dermal-Fat-Fascia	_____	_____
Other	_____	_____
	_____	_____

ENDOSCOPY

Direct Laryngoscopy,k Diagnostic with or without Excision	_____	_____
	_____	_____
Bronchoscopy- Diagnostic with Foreign Body Removal with Stricture Dilation	_____	_____
	_____	_____
Laser Laryngoscopy	_____	_____
	_____	_____
Vocal Fold Injection	_____	_____
	_____	_____
Esophgscopy Diagnostic with Foreign Body Removal	_____	_____
	_____	_____

	Privilege Requested	<u>Director of Services</u>	
		<u>Privilege Denied</u>	<u>Privilege Approved</u>
with Stricture Dilation			
Laser Cordotomy			
Mediastinoscopy			
Panendoscopy			
Multiple Concurrent Endoscopic Procedures			
Endoscopic Intranasal Ethmoidectomy			
Endoscopic Intranasal Antrostomy			
Endoscopic Intranasal Sphenoidotomy			
Endoscopic Intranasal Frontal Sinusotomy			
Endoscopic Brow Lift			
(Provide proof of approved course)			
Endoscopic Face Lift			
(Provide proof of approved course)			
Endoscopic Dacryocystorhinostomy			
(Provide proof of approved course)			
Other Endoscopy			
<u>GENERAL</u>			
Adenoidectomy			
Transantral Ligation of Vessels			
Tonsillectomy			
Intranasal Ethmoidectomy			
Uvulopalatopharyngologyplasty			
External Ethmoidectomy			
Nasal Polypectomy			
Submucous Resection of Septum			
Frontal Sinus Trephine			
Nasal Septoplasty			
Osteoplastic Frontal Sinusectomy			
Turbinectomy			
Frontal Sinus Ablation			
Intranasal Antrotomy			
Sphenoidotomy			
Caldwell Luc			
Dacryocystorhinostomy			
Other General:			

SIGNATURE: _____ **DATE:** _____

APPROVED: _____ **DATE:** _____

(Steven Schaefer, M.D., Chairman Otolaryngology

Revised 9.11.07