

Suffolk Surgery Center

1500 William Floyd Parkway, Shirley, NY 11967
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Delineation of Privileges Ophthalmology

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are applying.

Requested Privileges	FOR OFFICE USE ONLY		Requested Privileges	FOR OFFICE USE ONLY	
	Approved	Denied		Approved	Denied
<input type="checkbox"/> Exam under Anesthesia			CONJUNCTIVA		
<input type="checkbox"/> Naso Lacrimal Apparatus			<input type="checkbox"/> Repair		
<input type="checkbox"/> Repair and/or Excision			<input type="checkbox"/> Excision		
<input type="checkbox"/> Probing			<input type="checkbox"/> Graft		
<input type="checkbox"/> Dacryocystorhinostomy			<input type="checkbox"/> Free Mucous Membrane		
LIDS AND ADNEXA			UVEAL		
<input type="checkbox"/> Repair			<input type="checkbox"/> Repair		
<input type="checkbox"/> Excision			<input type="checkbox"/> Excision		
<input type="checkbox"/> Plastic Reconstruction			<input type="checkbox"/> Incision		
<input type="checkbox"/> Graft			CORNEA		
<input type="checkbox"/> Transplantation			<input type="checkbox"/> Keratectomy		
ORBIT			<input type="checkbox"/> Lamellar Keratectomy		
<input type="checkbox"/> Exploration			<input type="checkbox"/> Penetrating Keratoplasty		
<input type="checkbox"/> Exenteration			LENS		
<input type="checkbox"/> Fracture Repair			<input type="checkbox"/> Incision		
<input type="checkbox"/> Orbitotomy			<input type="checkbox"/> Excision (Cataract Extraction)		
EXCISION OF TUMOR - ORBIT			<input type="checkbox"/> Aspiration		
<input type="checkbox"/> Kronlein Approach			<input type="checkbox"/> Suction		
<input type="checkbox"/> Nafziger Approach			<input type="checkbox"/> Phaco Emulsification		
EYEBALL			<input type="checkbox"/> Replacement w/IOL		
<input type="checkbox"/> Removal of I.O.F.B.			VITREOUS		
GLAUCOMA			<input type="checkbox"/> Incision — Injection		
<input type="checkbox"/> Iridectomy			<input type="checkbox"/> Excision (Vitreotomy)		
<input type="checkbox"/> Fistulizing Procedures			<input type="checkbox"/> Replacement (Transplant)		
<input type="checkbox"/> Cyclodialysis			RETINA		
<input type="checkbox"/> Cyclo Destructive Procedures			<input type="checkbox"/> Retinopexy		
STRABISMUS			<input type="checkbox"/> Diathermy		
<input type="checkbox"/> Recession			<input type="checkbox"/> Cryo		
<input type="checkbox"/> Resection			<input type="checkbox"/> Photocoagulation		
<input type="checkbox"/> Myotomy			<input type="checkbox"/> Scleral Resection		
<input type="checkbox"/> Advancement			<input type="checkbox"/> Scleral Buckling		
<input type="checkbox"/> Horizontal Rectus Surgery			LASER		
<input type="checkbox"/> Vertical Rectus Surgery			<input type="checkbox"/> Argon — Anterior Segment		
<input type="checkbox"/> Oblique Muscle Surgery			<input type="checkbox"/> Argon — Posterior Segment		
<input type="checkbox"/> Transplantation of E.O.M.			<input type="checkbox"/> Yag — Capsule		
<input type="checkbox"/> Adjustable Sutures			<input type="checkbox"/> Yag — Vitreous		
SCLERA			<input type="checkbox"/> Diode — Transscleral Cycloablation		
<input type="checkbox"/> Repair			<input type="checkbox"/> Endolaser Cyclophotocoagulation		
<input type="checkbox"/> Excision			<input type="checkbox"/> OTHER (SPECIFY)		
<input type="checkbox"/> Graft					

I, _____
hereby request privileges in the specialty of Ophthalmology as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Physician (Signature)

Date

APPROVAL

FOR OFFICE USE ONLY

My recommendation in regard to clinical privileges and membership is based on review and evaluation of relevant verified education, training or experience, current licensure, current competence and the applicant's ability to exercise clinical privileges requested.

- Qualified to receive Medical Staff membership and clinical privileges as requested.
- Qualified to receive Medical Staff membership and clinical privileges with changes noted:

- Not qualified to receive Medical Staff membership and clinical privileges as requested:

Medical Director

Date