

**NAPERVILLE SURGICAL CENTRE**

**Ophthalmology Privileges**

Name				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		Blepharoplasty, upper & lower		
		Canthoplasty		
		Canthotomy		
		Cataract extraction with phacoemulsification		
		Cataract extraction, extracapsular		
		Cataract extraction, intracapsular		
		Chalazion removal		
		Clear lens extraction		
		Conjunctivoplasty		
		Conjunctivorhinostomy with tube		
		Corneal transplant		
		Cyclocryotherapy		
		Dacryocystorhinostomy		
		Dacryocystostomy		
		Ectropion repair		
		Entropion repair		
		Entropion repair		
		Enucleation		
		Excision, biopsy, destruction lesion eyelid		
		Excision, biopsy, destruction skin lesion		
		Eye exam under anesthesia		
		Foreign body removal, intraocular		
		Incision & drainage abscess, hematoma		
		Intraocular lens implantation, replacement, removal		
		Iridectomy		
		Iridotomy		
		Lacrimal duct probing		
		Lacrimal intubation		
		Lysis iris adhesions		
		Ocular implant – insertion, removal		
		Orbital implant – insertion, revision, removal		
		Orbital blow-out fracture repair		
		Orbitotomy without bone flap		
		Pterygium removal		
		Ptosis repair		
		Radial keratotomy		
		Recession & resection eye muscle		

		Removal implanted material of eye		
		Repair wound of eye		
		Scleral lesion excision		
		Sclerectomy		
		Skin grafts, adjacent tissue transfer, full thickness, split thickness		
		Tarsorrhaphy		
		Trabeculectomy		
		Trabeculotomy		
		Vitrectomy, anterior		

I attest that I am competent to perform the above requested procedures and can provide documentation that I possess these privileges at an Illinois licensed hospital.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director

\_\_\_\_\_  
Date