

NAPERVILLE SURGICAL CENTRE

Urology Privileges

Name:				
Privileges Requested		Procedure	Privileges Approved	
Yes	No		Yes	No
		Circumcision		
		Cystourethroscopy: diagnostic; with biopsy, dilation, or fulguration		
		Epididymal sperm aspiration, microsurgical		
		Excision, biopsy, destruction skin lesions		
		Foreign body removal		
		Hernia repair		
		Hypospadias repair		
		Hydrocelectomy		
		Incision & drainage abscess, hematoma		
		Incision of bladder neck contracture		
		Interstitial laser coagulation of prostate		
		Laser surgery		
		Lithotripsy - ESWL		
		Meatotomy		
		Orchiectomy		
		Orchiopexy		
		Prostate needle biopsy		
		Pubovaginal sling urethral suspension		
		Removal foreign body		
		Spermatoclectomy		
		Stone manipulation, stent insertion		
		Testicular biopsy		
		Transurethral incision of prostate		
		Transurethral resection of bladder neck		
		Transurethral resection of bladder tumor		
		Ureteroscopy		
		Urethral dilation		
		Varicocelectomy		
		Vasectomy		
		Vasovasostomy		

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