

**TEXAS SPINE & JOINT OUTPATIENT SURGERY SERVICES
OPHTHALMOLOGY CLINICAL PRIVILEGES**

NAME: _____

- Initial appointment
 Reappointment

All new applicants must meet the following requirements as approved by the governing body.

To be eligible to apply for privileges in Ophthalmology, the initial applicant must meet the following criteria:
 Successful completion of ACGME or American Osteopathic Association accredited residency in Ophthalmology.

| REQUESTED | PRIVILEGE | APPROVED | DENIED |
|-----------|--|----------|--------|
| | ORBIT | | |
| | Exploration & removal orbital tumors and foreign bodies | | |
| | Orbital decompression | | |
| | Exenteration | | |
| | Plastic repair/brow lift | | |
| | Fine needle aspiration | | |
| | NASOLACRIMAL SYSTEM | | |
| | Dacryocystorhinostomy (External/internal) | | |
| | Repair canalicular system and nasolacrimal duct | | |
| | Probing and irrigation | | |
| | EYELIDS | | |
| | Removal tumors | | |
| | Correction ptosis | | |
| | Plastic repair of malposition, laceration or defective lid | | |
| | GLOBE | | |
| | Enucleation and evisceration | | |
| | Pterygium removal or transplantation | | |
| | Conjunctival procedures | | |
| | Repair trauma | | |
| | Keratoplasty | | |
| | Intraocular lens implants | | |
| | Removal of intraocular foreign bodies | | |
| | Vitreotomy and vitreous aspiration | | |
| | Extraocular muscles repair/repositioning | | |
| | OCUPLASTICS & ORBITAL SURGERY | | |
| | Optic nerve sheath decompression/fenestration | | |
| | Dermis fat graft | | |
| | Full thickness skin graft | | |
| | Orbitotomy ethmoidectomy | | |

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at Texas Spine & Joint Outpatient Surgery Service.

Signature: _____ Date: _____