

**Magna Health Systems, LLC
PRIVILEGE REQUEST FORM
HAND SURGERY**

I am applying for the following privileges of which I am also credentialed at _____ an Illinois hospital.

Privileges requested for Magna Surgical Center

Requested	Granted	Procedure
_____	_____	Skin repair:
_____	_____	Graft, skin
_____	_____	Flap, skin
_____	_____	Flap, multiple tissue/muscle
_____	_____	Insertion tissue expander
_____	_____	Fingertip injuries
_____	_____	Tendon repair:
_____	_____	Flexor
_____	_____	Implantation of rod
_____	_____	Extensor
_____	_____	Tenolysis/tenodesis
_____	_____	Nerve repair
_____	_____	Major
_____	_____	Digital
_____	_____	Graft
_____	_____	Neurolysis
_____	_____	Surgical treatment of neuroma
_____	_____	Decompressions
_____	_____	Fractures and dislocations:
_____	_____	Phalangeal/metacarpal with/without internal fixation
_____	_____	Wrist/radius/ulna with/without internal fixation
_____	_____	Graft, bone
_____	_____	Joints and tendon sheath:
_____	_____	Trigger finger release
_____	_____	Tumors:
_____	_____	Benign, including cysts
_____	_____	Malignant
_____	_____	Other:
_____	_____	Dupuytren's release
_____	_____	Amputations: finger/thumb, and joint only
_____	_____	Fasciotomy
_____	_____	Syndactyly
_____	_____	Incision and drainage
_____	_____	Foreign body, implant removal
_____	_____	Debridement

**Magna Health Systems, LLC
PRIVILEGE REQUEST FORM
HAND SURGERY**

Requested	Granted	Procedure Other (Please Specify):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Practitioner's Signature	Print Name	Date
--------------------------	------------	------

Medical Director Approval, Magna Surgical Center	Date
--	------

Governing Body Approval	Date
-------------------------	------