

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

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

Privileges requested for Magna Surgical Center:

| Requested | Granted | Procedure |
|------------------|----------------|--|
| _____ | _____ | Amputation or revision of finger |
| _____ | _____ | Amputation or revision of toe |
| _____ | _____ | Aristospan injection |
| _____ | _____ | Arthrodesis |
| _____ | _____ | Arthroplasty, with or without joint replacement foot |
| _____ | _____ | Arthroplasty, with or without joint replacement hand |
| _____ | _____ | Arthroscopy: |
| _____ | _____ | Ankle- Diagnostic |
| _____ | _____ | Ankle- Operative |
| _____ | _____ | Knee- Diagnostic |
| _____ | _____ | Knee- Operative |
| _____ | _____ | Shoulder- Diagnostic |
| _____ | _____ | Shoulder- Operative |
| _____ | _____ | Wrist- Diagnostic |
| _____ | _____ | Wrist- Operative |
| _____ | _____ | Arthrotomy: |
| _____ | _____ | With arthroscopic repair |
| _____ | _____ | With exploration ankle/wrist |
| _____ | _____ | Meniscectomy |
| _____ | _____ | Bone graft |
| _____ | _____ | Bunionectomy |
| _____ | _____ | Capsulectomy |
| _____ | _____ | Cast change with florscan |
| _____ | _____ | Excision: |
| _____ | _____ | Calcium deposit |
| _____ | _____ | Cyst |
| _____ | _____ | Exostosis |
| _____ | _____ | Foreign body |
| _____ | _____ | Ganglion |
| _____ | _____ | Keloids |
| _____ | _____ | Mass with scar |
| _____ | _____ | Median nerve |
| _____ | _____ | Metatarsal head |
| _____ | _____ | Olecranon spur |
| _____ | _____ | Plantar wart |

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| Requested | Granted | Procedure |
|-----------|---------|----------------------------------|
| _____ | _____ | Tumors |
| _____ | _____ | Xanthoma |
| _____ | _____ | Endoscopic carpal tunnel release |
| _____ | _____ | Fasciectomy |
| _____ | _____ | Finger debridement |
| _____ | _____ | Finger divide, cross |
| _____ | _____ | Hammertoes |
| _____ | _____ | Lateral tarsorrhaphy |
| _____ | _____ | Manipulation of joints |
| _____ | _____ | Morton's neuroma |
| _____ | _____ | Needling shoulder |
| _____ | _____ | Olecranon bursa |
| _____ | _____ | Osteotomy |
| _____ | _____ | Release: |
| _____ | _____ | Carpal tunnel |
| _____ | _____ | Tendon |
| _____ | _____ | Trigger finger |
| _____ | _____ | Transfer intrinsic muscle |
| _____ | _____ | Removal: |
| _____ | _____ | Corns |
| _____ | _____ | Hardware |
| _____ | _____ | Loose body |
| _____ | _____ | Nails |
| _____ | _____ | Nodules |
| _____ | _____ | Repair |
| _____ | _____ | Artery |
| _____ | _____ | Ligament |
| _____ | _____ | Nerve |
| _____ | _____ | Tendon |
| _____ | _____ | Revision, hand |
| _____ | _____ | Sequestrectomy |
| _____ | _____ | Side finger flap |
| _____ | _____ | Synovectomy |
| _____ | _____ | Tendon sheath |
| _____ | _____ | Ulnar nerve transfer |
| _____ | _____ | Other (Please Specify): |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

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

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