

Magna Health Systems, LLC
PRIVILEGE REQUEST FORM
PODIATRIC SURGERY

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

Privileges requested for Magna Surgical Center

Requested	Granted	Procedure
_____	_____	Group 1 :
_____	_____	Arthroplasty
_____	_____	Avulsion, Toenail
_____	_____	Capsulotomy, Forefoot
_____	_____	Curettage, Verrucae
_____	_____	Excision, Plantar Lesion
_____	_____	Excision, Tumors Forefoot
_____	_____	Excision, Verrucae
_____	_____	Exostectomy, Subungual
_____	_____	Hardware removal
_____	_____	I & D, Superficial Abscess
_____	_____	Onychoplasty
_____	_____	Phalangectomy
_____	_____	Reduction, Closed Digital
_____	_____	Reduction, Open Digital
_____	_____	Tendon, Lengthening
_____	_____	Tendon, Transfer Digital
_____	_____	Tenotomy, Extensor or Flexor
_____	_____	Terminal Syme, Lesser Digit
_____	_____	Group 2:
_____	_____	Amputation, Digital
_____	_____	Excision, Accessory Ossicle
_____	_____	Excision, Foreign Body Forefoot
_____	_____	Excision, Sesamoids
_____	_____	Excision, Tumor Rear Foot
_____	_____	Fixation, K-wire, Staple
_____	_____	Osteoclasis
_____	_____	Reduction, Closed Metatarsal
_____	_____	Group 3: (* Additional Documents Maybe Required)
_____	_____	Excision, Hemangioma
_____	_____	Excision , Plantar Fibromatosis
_____	_____	Fasciotomy, Plantar
_____	_____	Osteotomy
_____	_____	Osteotomy, Fusion Digits
_____	_____	Repair, Hallux Valgus with Osteotomy

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REQUESTED	GRANTED	PROCEDURE
_____	_____	Repair, Hallux Valgus, Simple
_____	_____	Repair, Hallux Valgus with Silastic Implant
_____	_____	Resection, Metahead
_____	_____	Resection, Partial, Hypertrophied Tarsal Bone
_____	_____	Syndactylization
_____	_____	Group 4 (* Additional Documents Maybe Required)
_____	_____	Arthrodesis, Tarsus, Simple
_____	_____	Arthroscopy, Ankel ***With Documentation***
_____	_____	Excision, Bone Cysts, Tumors
_____	_____	Excision, Metatarsal
_____	_____	Excision, Tarsal Bone
_____	_____	Laser Procedures
_____	_____	Fusion, Metatarsal or Tarsal PM-MT Joints
_____	_____	Reduction, Closed Rear Foot
_____	_____	Reduction, Open Other
_____	_____	Repair, Osteomyelitis
_____	_____	Repair, Polydactylism
_____	_____	Repair, Ruptured Muscle, Tendon, Ligament
_____	_____	Repair, Syndactylism
_____	_____	Tendon Lengthening, Other than Digital
_____	_____	Tendon Transfer, Other than Digital
_____	_____	Tendon Transplant
_____	_____	Tenodesis
_____	_____	Other (Please Specify)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Practitioner's Signature Print Name Date

Medical Director's Approval, Magna Surgical Center Date

Governing Body Approval Date