

University of Utah Hospitals and Clinics
Neurosurgery
DELINEATION OF PRIVILEGES
PRIVILEGES REQUEST FORM

PRIVILEGES

Please check all that apply to your scope of practice.

General Clinical Privileges

- Outpatient
- Inpatient
- Specific Privileges
- Lumbar Puncture
- Myelography
- Angiography: Carotid, vertebral
- Retrograde brachial, or femoral catheterization
- Discogram
- Pheumoencephalogram
- Ventrioulogram
- Blocks (alcohol)
- Other

PERIPHERAL NERVES

- Major Nerves-all extremities graft
- Suture
- Transplant
- Decompression
- Tumors
- Minor nerves Neurectomy
- Other

SYMPATHETIC

- Cervical
- Thoracic
- Lumbar
- Presacral Neurectomy
- Other

SPINE

- Fracture dislocation-laminectomy
- Application of Tongs
- Intervertebral disk-cervical
- Thoracic
- Lumbar
- Cord tumors
- Pain relieving procedures chordotomy
- Rhizotomy
- Cervical rib & related syndromes
- Meningoceles, ect.
- Other

HEAD

- Scalp Lacerations

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- Scalp tumors & aneurysm
- Cranial procedures-lesion of skull
- Cranioplasty
- Skull fractures
- Hematoma-subdural
- Extradural
- Subtemporal & Orbital decompressions
- Intracranial procedures-cerebral tumors (other mass lesions)
- Cerebral aneurysm
- Vascular malformation
- Intracranial vascular thrombosis
- Cerebrospinal rhinorrhea
- Sectioning of cranial nerves
- Hypophysectomy
- Lobectomy
- Other
- MISCELLANEOUS
- Hydrocephalus shunts
- Hemispherectomy
- Cortical excision for epilepsy
- Treatment of movement disorders stereotaxic
- Carotid endarterectomy

Other _____

SIGNATURES AND RECOMMENDATIONS

Applicant Signature DATE

Department Head DATE

Chair, Medical Board DATE

Chair, Governing Body DATE