

University of Utah Hospitals and Clinics

**Plastic Surgery**  
DELINEATION OF PRIVILEGES  
PRIVILEGES REQUEST FORM

**PRIVILEGES**

**Please check all that apply to your scope of practice.**

**I. General Privileges**

- General Outpatient Clinical Privileges Customary to the Practice of Plastic Surgery  
 General Inpatient Clinical Privileges Customary to the Practice of Plastic Surgery

**II. Specific Privileges**

**A. Congenital Deformities**

- Face  
 Hands  
 Genitalia  
 Other \_\_\_\_\_

**B. Traumatic**

- Facial Fracture and lacerations  
 Burns  
 Hands  
 Other \_\_\_\_\_

**C. Head and Neck Tumors**

- Benign  
 Malignant  
 Other \_\_\_\_\_

**D. Cosmetic/Reconstructive**

- Nose  
 Ears  
 Breasts  
 Face  
 Trunk  
 Extremities  
 Other \_\_\_\_\_

**E. Grafts and Flaps**

- Split Thickness  
 Full Thickness  
 Single and Double Pedicle, Tubed, etc.  
 Bones and Cartilage  
 Other \_\_\_\_\_

**F. Skin and Appendages**

- Lacerations  
 Benign and Malignant Neoplasms  
 Other \_\_\_\_\_

**G. Extremities**

\_\_\_ Tendon Repairs, Both Flexor and Extensor

\_\_\_ Tendon Grafts, Both Flexor and Extensor

\_\_\_ Moderate Sedation

**OTHER**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES AND RECOMMENDATIONS**

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Division Head Date

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Chair, Medical Board Date

\_\_\_\_\_  
Chair, Governing Body Date