

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN PLASTIC SURGERY AND BURN

Initial Renewed
 Effective from ___/___/___ to ___/___/___

Name _____

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R G C N POPULATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adults 13 years & older |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatrics: Over 65 Years |

R G C N GENERAL PRIVILEGES

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,9,10,11,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | History and Physical (1,2,3,5,6,7,8,9,10,11,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prescribing Privileges(1,2,3,5,6,7,8,9,10,11,13) |

R G C N LIP AND MOUTH REPAIR/RECONSTRUCTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cleft lip nasal repair (1,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cleft palate repair, one stage (1,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Columella lengthening (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cross-lip flap (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lip adhesions (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oral tumors (1,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pharyngeal flap or pharyngoplasty (1,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primary cleft lip repair, bilateral, one stage (1,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primary cleft lip repair, bilateral, two stages (1,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primary cleft lip repair, unilateral (1,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primary cleft palate repair, two stages (1,7,10,13) |

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- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Primary fistula repair (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pushback or secondary palatal lengthening (1,2,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Repair of lateral or oblique facial cleft palate (1,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Salivary gland tumors excision (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Secondary cleft lip repair, bilateral, one stage (1,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Secondary cleft lip repair, bilateral, two stages (1,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tongue flap, palate (1,7,10,13) |

R G C N EAR RECONSTRUCTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amputation - external ear (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Banked cartilage or allograft, ear (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Costal cartilage graft, ear, autogenous (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excision tumors from external ear canal (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Otoplasty (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reconstruction of the ear (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Repositioning or revision, auricular remnants (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Split- or full-thickness skin grafts, ear, in staged reconstruction (1,2,7,9,10,13) |

R G C N EYELID RECONSTRUCTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Canthoplasty (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coloboma repair (repair of eyelid) (1,2,7,9,10,13) |

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- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dacryocystorhinostomy (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ectropion repair (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Entropion repair (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Major eyelid reconstruction, post-trauma or tumor (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ptosis repair, levator shortening (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ptosis repair, sling method (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tarsorrhaphy (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tear duct repair, primary or secondary (1,2,7,9,10,13) |

R G C N NECK RECONSTRUCTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Brachial cleft cyst or sinus excision (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hygroma (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Percutaneous tracheostomy (emergency only) (1,2,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Radical neck supraomohyoid resection (1,2,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thyroglossal duct cyst or sinus excision (1,2,7,10,13) |

R G C N GENITOURINARY TRACK RECONSTRUCTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clitoroplasty (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dermis graft for Peyronie's disease (1,2,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hypospadias repair, one stage (1,2,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hypospadias repair, two stages (1,2,7,10,13) |

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- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Major trauma repair, including skin grafts (1,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neocolporrhaphy (1,2,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vaginoplasty (1,2,7,9,10,13) |

R G C N SOFT TISSUE REPAIR

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delays or transfers of distant flaps (delay) (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delays or transfers of distant flaps (revision) (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dermabrasion (for scars due to acne, trauma, etc.) (skin) (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Major facial lacerations (repair and reconstruction skin) (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Major facial lacerations - suture (skin) (1,2,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Major scar or keloid Z-plasty, W-plasty (skin) (1,2,7,9,10,13) |

R G C N FLAPS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Composite flaps (1,2,3,5,6,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fasciocutaneous flaps (1,2,3,5,6,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Free flaps (with microvascular anastomosis) (1,2,3,5,6,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Free flaps (skin) (1,2,3,5,6,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Muscle flaps (1,2,3,5,6,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Myocutaneous flaps (1,2,3,5,6,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Random cutaneous flaps (1,2,3,5,6,7,9,10,13) |

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R G C N GRAFTS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone grafts (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cartilage grafts (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Composite grafts (1,2,3,4,5,6,7,9,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fascia grafts (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle grafts (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin grafts (split or full thickness, excluding burns) (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic material grafts (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vein grafts (1,2,3,5,6,7,9,10,13)

R G C N SKIN GRAFTING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical (1,2,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Galeaneal, cranial (1,2,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kenalog injections (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Late reconstruction (1,2,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure ulcer repair - excision of ulcer (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sacral (1,2,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ischial (1,2,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trochanteric (1,2,7,10,13)

R G C N FACIAL FRACTURE REPAIR AND IMMOBILIZATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone graft - face (1,2,7,9,10,13)
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R G C N FACIAL FRACTURE REPAIR AND IMMOBILIZATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facial fractures - closed reduction (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facial fractures - frontal bone fractures (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facial fractures - open reduction and/or fixation (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandibular fractures - closed reduction and interdental wiring (limited to individuals trained in dentistry or oral surgery) (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mandibular fractures - open reduction, with or without interdental wiring (limited to individuals trained in dentistry or oral surgery) (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maxillary fractures - closed reduction and interdental wiring (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maxillary fractures - open reduction, with or without interdental wiring (1,2,3,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orbital floor or rim fractures - closed reduction (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orbital floor or rim fractures - open reduction and/or fixation or graft (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhinophyma - excision (1,2,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zygomatic complex fractures - closed reduction (1,2,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zygomatic complex fractures - open reduction and/or fixation (1,2,3,7,9,10,13)

R G C N FACIAL NERVE PALSY CORRECTION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fascia or tendon sling (1,2,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle graft (1,2,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscle transfer (1,2,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve graft (1,2,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve repair (1,2,7,10,13)

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R G C N HAND SURGERY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputation of the finger (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputation of the hand (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amputation of the thumb (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthrodesis (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthroplasty with or without prosthesis (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone grafting (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpal tunnel release (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decompress carpal tunnel (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision ganglion of wrist (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision lesion peripheral nerve (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision lesion tendon sheath (1,2,3,,5,6,7,9,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External fixation - hand/wrist (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fingertip injuries - suture (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fractures (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand tumors, excision - skin, soft tissue (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implantation of Salastic rod (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Island pedicle grafts (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local flaps or grafts (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Macroductyly correction (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major skin coverage flap or graft, not to include burns (1,2,3,5,6,7,9,10,13)

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R G C N HAND SURGERY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microsurgical repair - artery or vein (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microvascular replantation of the finger (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microvascular replantation of the hand (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microvascular replantation of the thumb (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nail surgery (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve compression releases (ulner, medial, radial) (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve compression syndromes (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve graft (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nerve repair, suture (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurolysis (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Osteotomy (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palmar and/or digital fasciectomy (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pollicization or digital transposition (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polydactyly correction (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary or secondary tendon repair (suture) (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syndactyly repair (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synovectomy - hand (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tendon graft (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tendon sheath incision, hand (1,2,3,5,6,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tendon transfer (1,2,3,5,6,7,9,10,13)

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN PLASTIC SURGERY AND BURN

Name _____

Initial Renewed
 Effective from ___/___/___ to ___/___/___

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R G C N HAND SURGERY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tenodesis (1,2,3,5,6,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tenolysis (1,2,3,5,6,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vascular reconstruction of vessel of digits, hand, wrist and forearm (1,2,3,5,6,7,9,10,13) |

R G C N LOWER EXTREMITY RECONSTRUCTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cross-leg flap (1,2,7,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debridement, ulcer and skin graft (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excision, ulcer and skin graft (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Free flap repair (1,2,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Muscle flap (1,2,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sural nerve graft (1,2,3,7,9,10,13) |

R G C N AESTHETIC AND RECONSTRUCTIVE SURGERY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Blepharoplasty (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Brow lift (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chemical peel or dermabrasion (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chin implant (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete nasal reconstruction (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Face lift (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facial reconstruction (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Otoplasty (1,2,3,7,10,13) |

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN PLASTIC SURGERY AND BURN

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R G C N AESTHETIC AND RECONSTRUCTIVE SURGERY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Partial nasal reconstruction (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rhinoplasty (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Septoplasty or septectomy (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Turbinectomy (1,2,3,7,10,13) |

R G C N MAXILLOFACIAL RECONSTRUCTIVE SURGERY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Major craniofacial reconstruction (1,2,7,10,13) |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

R G C N BREAST RECONSTRUCTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Areolar tattooing (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Augmentation mammoplasty (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Breast reconstruction (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Breast reconstruction - total breast reconstruction - immediate or delayed (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excision tumor or cyst - breast (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mastectomy, simple (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mastopexy (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nipple reconstruction (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reduction mammoplasty (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Release of capsular contraction after augmentation mammoplasty (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subcutaneous mastectomy (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subcutaneous mastectomy for gynecomastia (1,2,3,7,9,10,13) |

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN PLASTIC SURGERY AND BURN

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R G C N BODY CONTOURING

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dermolipectomy - abdominal (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dermolipectomy - arm, thigh or buttock (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Liposuction procedures (1,2,3,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trunk (body) lift (1,2,3,7,10,13) |

R G C N BENIGN AND MALIGNANT TUMORS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basal cell carcinoma - flap or graft (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basal cell carcinoma - primary repair - plastic repair (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cysts (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hemangioma (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lipomata (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lymph node dissection (simple) (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lymphangioma (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Malignant melanoma - excision (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neurofibroma (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pigmented nevi (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skin malignancy excision (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soft tissue tumor excision (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Squamous cell carcinoma - flap or graft (1,2,3,7,9,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Squamous cell carcinoma - primary repair (1,2,3,7,9,10,13) |

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN PLASTIC SURGERY AND BURN

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R G C N BURN REPAIR

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Above Knee Amputation (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Below Knee Amputation (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digit amputation (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Escharectomy or major debridement (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immediate treatment prior to grafting (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keratinocytes, artificial skin, cultured skin and bilaminate grafts (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of chemical wounds (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of electrical wounds (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of thermal wounds (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin grafting - electrical wounds (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin grafting - thermal wounds (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmetatarsal amputation (1,7,10,13)

R G C N MISCELLANEOUS PRIVILEGES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burn or other fasciotomy (1,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dermoids (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital micro sympathectomy (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enucleation of the eyeball (Emergency Only) (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision lymph node, deep cervicle (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excision lymph node, simple (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hidradenitis - excision of (1,2,3,7,9,10,13)

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN PLASTIC SURGERY AND BURN

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R G C N MISCELLANEOUS PRIVILEGES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage of abscesses (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injection of lesion with collagen steroids or steroids (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lacerations - not of the face (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pilonidal cyst (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of nasal polyps (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove port-a-caths/temporary indwelling catheters (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repair of umbilical or incisional hernia during abdominoplasty or other plastic procedures (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporal artery biopsy (1,2,3,7,9,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tracheostomy (1,3)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment of osteomyelitis - facial bones (1,2,3,7,9,10,13)

R G C N OTHER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoroscopy privileges* (1,2,3,5,6,7,8,9,10,13) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laser privileges* (1,2,3,7,9,10,13) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate Sedation - Adult* (13 years or older)*** (1,2,3,5,6,7,9,10,11,13) (*Must satisfy certain credentialing criteria to be approved)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN PLASTIC SURGERY AND BURN

Name _____

Privileges by Location:

- 1 – LVH-Cedar Crest
- 2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
- 3 – LVH-17th & Chew (includes TSU)
- 5 – LVH-Tilghman
- 6 – LVHN Surgery Center-Tilghman
- 7 – LVH-Hazleton
- 8 – Health and Wellness Center at Hazleton
- 9 - LVHN Children's Surgery Center
- 10 - LVH-Schuylkill East Norwegian
- 11 - LVH-Schuylkill South Jackson
- 13 - LVH-Hecktown Oaks
- 14 - LVH-Coordinated Health - Allentown
- 15 - LVH-Coordinated Health - Bethlehem
- 16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
- 17 - LVHN East Stroudsburg Ambulatory Surgery Center
- 18 - LVH-Pocono

LEHIGH VALLEY HEALTH NETWORK
CLINICAL AREA PLASTIC SURGERY AND BURN

Name _____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature: _____ Date: ____/____/____

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

Recommend As Requested **Recommend with Exceptions** **Do Not Recommend**
the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

SUPERVISING PHYSICIAN (AHPs ONLY)		
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____
Title	Signature	Date ____/____/____

