

TEXAS SPINE & JOINT HOSPITAL

DELINEATION OF PRIVILEGES GYNECOLOGY

NAME: _____

INITIAL APPOINTMENT/REAPPOINTMENT
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	GYNECOLOGICAL SURGERY		
	Amputation cervix		
	Cauterization cervix		
	Culdocenteses		
	Hymenotomy		
	Excision glands (Bartholin's, Skein's)		
	Tubal ligation		
	Closure vesicovaginal fistula		
	Repair incisional hernia		
	Tuboplasty		
	Appendectomy, incidental		
	Cold conization cervix		
	Dilation and curettage		
	Hysteroscopy		
	Salpingectomy, if Laparoscopic		
	Salpingo-oophorectomy, if Laparoscopic		
	Simple vulvectomy		
	Repair cystocele and/or rectocele, enterocele		
	Laparoscopy and/or sterilization by laparoscope		
	Endometrial Balloon Ablation		

Acknowledgment of Practitioner

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Practitioner's Signatu Date