



Privileges in Dermatology Service

Physician name:

Education/Training

Successful completion of an accredited Residency/Fellowship
In **Dermatology** or equivalent Training.

AND

Current certification or active participation in the examination
Process leading to certification in **Dermatology** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital

Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
	Privileges included in the Core:	
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, provide non-surgical therapy to patients with illnesses or injuries of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails and cutaneous glands), including consultation and the performance of:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Allergy and immune-dermatology	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Clinical pathology	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cutaneous microbiology	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Dermatologic surgery including biopsy techniques, cryosurgery, electrosurgery, excisions, surgery with appropriate closures including small flaps and grafts, complex closures, laser surgery, nail surgery, sclerotherapy:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Dermatopathology	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Phototherapy and photochemotherapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Radiotherapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Microscopy - fluorescence, electron, cytological	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Botox lower face/neck/axilla/hands	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Botox injections upper face	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Soft Tissue Augmentation Fillers < then 1 year duration	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Laser surgery/therapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Chemical Peels	<input checked="" type="checkbox"/>

Special Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Staged flaps	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	MOHS micrographic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Liposuction (up to 3 liters)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Blepharoplasty Upper/Lower	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Canthopexy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Brow lift	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Soft Tissue Augmentation Fillers > then 1 year duration	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Ablative Resurfacing Procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Ambulatory Phlebectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lipotransfer	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	Rhytidectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Hair transplant	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Neck lift	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Limited Incision Brachioplasty	<input checked="" type="checkbox"/>
Additional Privileges:		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-

Approved By:-

Medical director signature: -

Date:.....