



Privileges in Plastic Surgery

Physician name:

Education/Training

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

AND

Current certification or active participation in the examination
Process leading to certification in **Plastic Surgery** 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"/>
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, consult, and provide treatment to patients presenting with both congenital and acquired defects of the body's soft tissue	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Congenital defects of the head and neck, including clefts of the lip and palate, and craniofacial surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Neoplasms of the head and neck, including the oropharynx and training in appropriate endoscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Plastic surgery of the breast	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgery of the hand/upper extremities	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Plastic surgery of the lower extremities	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Plastic surgery of the congenital and acquired defects of the trunk and genitalia	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Burn management, acute and reconstructive	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Microsurgical techniques applicable to plastic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Reconstruction by tissue transfer, including flaps and grafts	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgery of benign and malignant lesions of the skin and soft tissues	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Simple, intermediate and complex wound care	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Steroid injections into joint, keloids, and hypertrophic scarring	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of surgical laser	<input checked="" type="checkbox"/>

Additional Privileges:

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
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<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:.....