



## Privileges in Vascular Surgery Service

Physician name: .....

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

AND

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

**Provide care for patients in specific areas of Al Kindi hospital**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
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**Additional Request**

<input checked="" type="checkbox"/>	provide care of patients in the Emergency Department, ASC, Cath Lab, ICU and regular floors	<input checked="" type="checkbox"/>
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**Core Privileges**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
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**Penile surgery**

<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide medical and surgical treatment to patients presenting with vascular diseases and disorders.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Diagnosis and treatment of diseases and disorders of the arterial, venous, and lymphatic circulatory systems	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Extracranial cerebrovascular procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Aortic procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Revascularization - upper extremity, lower extremity, renal, visceral artery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Embolectomy/thrombectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Arteriovenous fistula or shunt	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Amputation of extremity or digit	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Endovascular procedures excluding balloon dilation, stenting and stent-grafting.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Angioscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Arteriography / Venography	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Procedures for varicose veins	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Line Insertion	<input checked="" type="checkbox"/>

**Special Privileges**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<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"/>	Endovascular procedures, including balloon dilation, stenting and stent-grafting	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Carotid Stenting	<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"/>

Physician signature :-.....

Approved By:- .....

Medical director signature: - .....

Date:.....