

FLOYD MEDICAL CENTER  
 Medical Staff Privilege Checklist  
 Department of Surgery (Podiatry)

I, \_\_\_\_\_, DPM, do hereby apply for the following privileges in Podiatry:

Please indicate the privileges you are requesting by placing an (x) in the appropriate space. Do not leave any blanks - Please insert Ø for privileges not requested. All privileges are first recommended by the Chairman of the Department of Surgery and by the Executive Committee. Final approval is granted by the governing body.

PRIVILEGE	Requested	Approved
<b><u>Soft Tissue Surgery</u></b>		
Excision of Neuroma		
Excision of Ganglion		
Nail Avulsion		
<b><u>Forefoot Surgery</u></b>		
Digital Arthroplasties and Arthrodesis		
Hallux Valgus Repair		
Metatarsal Osteotomy with or without fixation		
Closed Reduction Metatarsal Fracture		
Open Reduction Metatarsal Fracture		
Implant Arthroplasty Metatarsal Phlangeal Joint		
<b><u>Midfoot Surgery</u></b>		
Removal of Exostosis		
Midtarsal Osteotomy		
<b><u>Rearfoot Surgery</u></b>		
Heel Spur Resection and Plantar Fasciotomy		
Removal of Haglund's Deformity		
Calcaneal Osteotomy (Dwyer)		

	Requested	Approved
<b>Additional Procedures</b>		
Tarsal Tunnel Decompression		
Tendon Achilles Lengthening		
Open or Closed Reduction Ankle Fracture		
Treatment of Ankle Sprains		
Treatment of Tendonitis		

Additions/Deletions/or Comments:

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Date

**EXECUTIVE COMMITTEE RECOMMENDATION**

- Concur with Department's recommendation and forward to governing body
  - Return to Department for clarification of the following:
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\_\_\_\_\_  
Date

**GOVERNING BODY APPROVAL**

- Yes
- No

\_\_\_\_\_  
Date