

Atrium Health Surgery Center Indian Trail

PRIVILEGE REQUEST: Ophthalmology

Provider Printed Name: _____

Provider Signature: _____

Date: _____

PROCEDURE	REQUESTED	NOT REQUESTED
ANESTHESIA LOCAL		
ANESTHESIA REGIONAL		
ANESTHESIA TOPICAL		
HISTORY AND PHYSICAL		
SUPERVISION OF NON-PHYSICIAN PERSONNAL		
AQUEOUS SHUNT		
BIOPSY LACRIMAL GLAND		
BLEPHAROPLASTY		
BLEPHAROPIGMENTATION		
CANTHOPLASTY		
CANTHOTOMY		
CAPSULOTOMY		
CATARACT EXTRACTION WITH/WITHOUT IOL INSERTION		
CHALAZION EXCISION		
CONJUNCTIVAL CRYOPEXY		
CONJUNCTIVOPLASTY WITH/WITHOUT GRAFT		
CORNEAL BIOPSY		
CYCLOPHOTOCOAGULATION		
CYCLOCRYOPEXY		
DACRYOCYSTECTOMY		
DACYOCYSTORHINOSTOMY		
ECTROPION REPAIR		
ENTROPION REPAIR		

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PROCEDURE	REQUESTED	NOT REQUESTED
ENUCLEATION OF EYE, WITH/WITHOUT IMPLANT		
EVISCERATION OF OCULAR CONTENTS WITH/WITHOUT IMPLANT		
EXAMINATION UNDER ANESTHESIA		
EXCHANGE OF IOL		
EXCISION LACRIMAL SAC		
EXCISION LESION, CYST, TUMOR, BIOPSY		
EXTRACTION OF IOL, EXTRACAPSULAR, INTRACAPSULAR		
EYELID RECONSTRUCTION		
FEMTOSECOND LASER		
GONIOPUNCTURE		
GONIOTOMY		
IRIDOPLASTY		
IRIDOTOMY		
IRRIGATION AND DRAINAGE		
LACRIMAL DUCT PROBING		
LACRIMAL GLAND BIOPSY		
LEVATOR RESECTION		
PARACENTESIS OF ANTERIOR CHAMBER		
PUNCTAL OR CANALICULAR EXPLORATION WITH/WITHOUT REPAIR		
PTOSIS REPAIR		
PUNCTAL CAUTERY		
PUPILLOPLASTY		
PTERYGIECTOMY		
REMOVAL OF FOREIGN BODY		
REMOVAL OF LENS MATERIAL		
REMOVAL/REPOSITION OF IOL		
REPAIR OF BLEPHAROPTOSIS		

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PROCEDURE	REQUESTED	NOT REQUESTED
REPAIR OF DIALYSIS		
REPAIR OF LACERATION, WOUND		
REPAIR OF PROLAPSE		
SCLEROTOMY-PARTIAL OR FULL THICKNESS		
STABISMUS SURGERY, RECESSON OR RESECTION		
SUTURE REMOVAL		
TARSORRHAPHY		
TEAR DUCT REMOVAL		
TRABECULAR MESHWORK STENT		
TRABECULECTOMY		
TRABECULOTOMY		
VITRECTOMY, ANTERIOR		
VITRECTOMY, POSTERIOR		
VITEOUS TAP		