



**OPHTHALMOLOGY**

**Kettering Medical Center  
Kettering Memorial Hospital/Sycamore Hospital**

**Clinical Privileges Profile**

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I, \_\_\_\_\_, MD/DO in requesting privileges in Ophthalmology, request privileges to diagnose and manage patients with eye disorders including administration of local anesthesia for surgery; eyelid surgery, including plastic surgery, blepharoptosis surgery, conjunctival surgery, corneal surgery, iridial surgery, retinal surgery, orbital surgery, photocoagulation, enucleation, extraocular surgery - eye muscle and pterygium surgery, intraocular - cataract and glaucoma surgery and nasolacrimal system surgery.

If on call, all ophthalmologists should respond within 45 minutes or have an alternate who is able to respond within the 45 minute time frame.

Please select the special procedures desired. Approval of privileges is based upon education, clinical training and demonstrated skills.

<u>Requested</u>	<u>TYPE OF PRIVILEGE</u>	<u>Recommended</u>
_____	Intraocular lens replacement	_____
	<u>Use of laser in surgery:</u>	
_____	CO2 laser	_____
_____	Argon laser	_____
_____	Nd:YAG laser	_____
_____	Phacoemulsifier	_____
_____	Ocutome	_____
	<u>Other (please specify)</u>	
_____	_____	_____
_____	_____	_____

I agree with the delineation of privileges and will, under ordinary circumstances, practice under the conditions outlined. In case of emergency it may be necessary to render care outside of these parameters. I agree that when new techniques and skills are mastered, I shall request modification of my privileges.

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Signature of Practitioner \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Clinical Service Chief Rita Anderson, MD Date \_\_\_\_\_  
4/89, Revised 5/98