

## EVALUATION OF CLINICAL PRIVILEGES - PLASTIC SURGERY

For use of this form, see AR 40-68; the proponent agency is OTSG.

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|--|--|--|
| 1. NAME OF PROVIDER <i>(Last, First, MI)</i> | 2. RANK/GRADE  | 3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i><br>FROM _____ TO _____ |
| 4. DEPARTMENT/SERVICE                        | 5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i> |  |

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

### SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

| CODE | PROCEDURE/SKILL   | ACCEPTABLE | UN-ACCEPTABLE | NOT APPLICABLE |
|------|---|------------|---------------|----------------|
|      | a. Wounds and Wound Healing. Difficult wounds and wound healing problems, radiation injury, infection, cold and thermal injury  |            |               |                |
|      | b. Tissue Transplantation. Grafts of skin, fat, tissue, muscle, bone, cartilage, hair, and flaps  |            |               |                |
|      | c. Microvascular Surgery  |            |               |                |
|      | d. Head and Neck. Facial fractures and other trauma, scalp and bony craniofacial deformity reconstruction, cancer of the lip, anterior two-thirds of the tongue, salivary glands and skin, facial palsy, cleft lip and palate, congenital craniofacial and auricular abnormalities, orbital exenteration, and radical neck dissection |            |               |                |
|      | e. Hand. Acute hand injuries, replantation, reconstruction, entrapment syndromes, tumors  |            |               |                |
|      | f. Extremities. Reconstruction, flap closure of defects, excision of tumors   |            |               |                |
|      | g. Trunk. Breast reconstruction, chest and abdominal wall reconstruction, pressure ulcer debridement and repair   |            |               |                |
|      | h. Genitourinary System. Hypospadias, reconstruction of the male and female genitalia   |            |               |                |
|      | i. Skin. Tumor excision, scar revision, tattoo removal, removal of keloid, hemangioma, lymphoma, nevi   |            |               |                |
|      | j. Aesthetic Surgery. Augmentation/reduction mammoplasty, dermabrasion, chemical peel, rhinoplasty, otoplasty, rhytidectomy, browlift, blepharoplasty, abdominoplasty, body contouring, implantation of alloplastic materials   |            |               |                |
|      | k. Suction assisted lipectomy. A technique of removal of fatty tissue in contour deformities using small incisions and cannulae attached to suction apparatus   |            |               |                |
|      | l. Oculoplastic procedures. Excision of eyelid tumors, reconstruction of eyelids, i.e., correction of acquired and congenital abnormalities of the eyelids, lacrimal system, and orbit  |            |               |                |
|      | m. Injections of steroids, botox, soft tissue fillers   |            |               |                |
|      | n. Administration of moderate sedation  |            |               |                |
|      |   |            |               |                |
|      |   |            |               |                |
|      |   |            |               |                |
|      | <b>LASER PRIVILEGES</b>   |            |               |                |
|      | a. Vaporization of tattoos  |            |               |                |
|      | b. Excision of skin tumors  |            |               |                |
|      | c. Reduction mammoplasty  |            |               |                |
|      | d. Debridement & dissection of skin flaps   |            |               |                |
|      | e. Skin resurfacing   |            |               |                |
|      | f. Other <i>(Specify)</i>   |            |               |                |
|      |   |            |               |                |
|      |   |            |               |                |
|      |   |            |               |                |
|      |   |            |               |                |

**SECTION II - COMMENTS** *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR

SIGNATURE

DATE *(YYYYMMDD)*