DELINEATION OF CLINICAL PRIVILEGES
OTOLARYNGOLOGY

NAME:

PROCEDURES	REQUESTED	NOT REQUESTED	RECOMMENDED	NOT RECOMMENDED
EXTERNAL EAR				
Otoplasty				
Atresia (Congen. or Acq.)				
Tympanomastoid				
Tympanotomy				
Myringoplasty				
Simple Mastoidectomy				
Radical Mastoidectomy				
Fenestration				
Oval Window of Stapes				
Facial Nerve Operation				
Destructive Labyrinthotomy				
Others (Tympanoplasty, etc.)				
NOSE AND SINUSES				
Intranasal Operations				
Antrotomy				
Ethmoidectomy				
Sphenoidectomy				
Polypectomy				
Sub mucous Resection or Septoplasty				

Mayagüez Medical Center
Dr. Ramón Emeterio Betances

PROCEDURES	REQUESTED	NOT REQUESTED	RECOMMENDED	NOT RECOMMENDED
EXTERNAL OPERATIONS				
Antrum				
Frontal				
Fronto-ethmosphenoidectomy				
DRACROCYSTORHINOSTOMY				
RHINOPLASTY				
POSTERIOR CHOANAL ATRESIA				
HYPOPHYSECTOMY				
FRACTURES				
Frontal				
Nazal				
Midfacial				
Mandible				
BENIGN TUMORS: CYSTS				
Ear and Mastoid				
Nose (Excl. Nasal Polyps)				
Sinuses				
Oral Cavity and Tongue				
Oropharynx				
Hypopharynx (Exc. Adenoids)				
Parotid				

Mayagüez Medical Center
Dr. Ramón Emeterio Betances

PROCEDURES	REQUESTED	NOT REQUESTED	RECOMMENDED	NOT RECOMMENDED
MALIGNANT TUMORS				
Ear and Mastoid				
External Nose				
Nasal Space, Sinuses				
Oral Cavity & Tongue				
Pharynx				
Superior Maxilla				
Mandible & Adjacent				
Structures				
Parotid				
Other Salivary Glands				
Tonsillectomy				
Adenoidectomy				
Claft Palate Repair				
Or Maxillary Fistula				
Salivary Calculus Removal				
Larynx				
Laryngoscopy (Direct)				
Laryngofissure				
Hemilaryngectomy				
Laryngectomy				
Laryngectomy with Neck Dissection				
Arytenoidectomy				
Laryngocele Excision				

Mayagüez Medical Center
Dr. Ramón Emeterio Betances

PROCEDURES	REQUESTED	NOT REQUESTED	RECOMMENDED	NOT RECOMMENDED
Laryngeal Stenosis Repair				
Tracheostomy				
Pharyngotomy – External				
Hypopharyngeal Diverticulum				
Thyroclossal Duct Excision				
Branchiogenic Cyst Removal				
Radical Cerv. Node Resection				
Mejor Artery Ligation				
Facial Soft Tissue Exc. Or Repair				
Bronchoscopy				
Esophagoscopy				
Gastroscopy				
Other (Specify)				

______________________________ ______________________________
APPLICANT'S SIGNATURE **DATE**

/ / RECOMMENDED **/ / NOT RECOMMENDED**

______________________________ ______________________________
DEPARTMENT DIRECTOR **DATE**