

**MAYAGUEZ MEDICAL CENTER  
OPERATIVE PRIVILEGE LIST  
OPHTHALMOLOGY**

NAME:

	Requested	Not Requested	Recommended	Not recommended
<b>ENUCLEATION OR EVISCERATION</b>				
ORBITAL EXENTERATION				
EXPLORATION FOR TUMORS				
LIDS				
LACERATION				
ECTROPION, ENTROPION				
PTOSIS				
MAJOR PLASTIC				
<b>CONJUCTIVA</b>				
PTERYGIUM				
LACRIMAL SAC				
EXTRAOCULAR MUSCLES				
CORNEA				
KERATOPLASTY				
LACERATION				
<b>LENS</b>				
CATARACT EXTRACTION				
CAPSULECTOMY				
DISCISSION				
CLAUCOMA SURGERY				
RETINAL DETACHMENT SURGERY				
DIATHERMY				
SCERAL PROCEDURES				
INTRAOCULAR FOREIGN BODIES				
REPAIR OF LACERATION OF GLOBE				
CHALAZION				
SQUINT				
DACRYCOCYSTECTOMY				
OTHER:(SPECIFY)				

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APPLICANT'S SIGNATURES

// RECOMMENDED

\_\_\_\_\_  
DEPARTMENT DIRECTOR

\_\_\_\_\_  
DATE

// NOT RECOMMENDED

\_\_\_\_\_  
DATE