

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS
Plastic and Reconstructive Surgery
Delineation of Privilege Form
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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Admit, treat and consult on diseases / disorders/ conditions requiring plastic and / or reconstructive surgery				
Consult on diseases / disorders/ conditions requiring plastic and / or reconstructive surgery				
ICU/CCU privileges for the admission, treatment and/or consultation of the plastic and / or reconstructive surgical needs of the patient.				
HEAD AND NECK SURGERY				
Anomalies of head and neck				
Jaw deformities				
Cleft lip and palate				
Soft tissue injuries of face				
Facial bone fractures				
Reconstruction of:				
- Scalp, forehead				
- Eyelids and eyebrows				
- Correction of ptosis of eyelid				
- Ear				
- Nose				
- Facial muscles, lips, cheeks				
Primary intraoral tumors				
Radical neck dissection				
Primary tumors of salivary glands and neck				
Surgery of eyelids				
Cosmetic surgery of aging face				
Aesthetic rhinoplasty				
Secondary rhinoplasty				
Deformities of ear				

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Category I Privileges continued	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
SKIN AND ADNEXA				
Thermal burns- all types				
Malignancies of skin				
Benign growths and generalized skin disorders				
Treatment of tattoos				
HAND AND UPPER EXTREMITY PROCEDURES				
Fingertip injuries				
Amputations				
Infections of hand upper extremity				
Deformities				
Fractures and joint injuries of hand				
Stiff finger joints				
Tendon injuries in forearm and hands				
Nerve injuries in forearm and hands				
Rheumatoid arthritis of hands				
Dupuytren's contracture				
Tumors of the hand				
BREAST SURGERY				
Augmentation mammoplasty				
Reduction mammoplasty and correction of ptosis of the breast				
Reconstruction of breast				
Treatment of gynecomastia				
TRUNK AND LOWER EXTREMITY				
Reconstructive procedures of the lower extremity and trunk				
Pressure sores				
Lymphedema				
Lipectomy				

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Category I Privileges continued	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
GENITALIA				
Treatment of:				
-Hypospadias				
-Epispadias				
- Exstrophy of bladder				
- Injuries of male genitalia				
- Vaginal agenesis				
- Gender dysphoria				
LIPOSUCTION				
Trunk				
Extremities				
Other- please specify:				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training				
Microvascular Procedures, all types, including replantation of several body parts and free flap transfer				
Other Microscopic Procedures, including nerve repair and nerve grafting				
Necessary concomitant surgery on thorax and abdomen, including rib or other bone graft procurement				
Use of Laser				
Carbon Dioxide				
Argon				
Nd-Yag				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date