				DELINEATION OF CLIN								
For use of this form, see AR 40-68; the proponent agency is OTSC 1. NAME OF PROVIDER (Last, First, MI) 2. RANK/GRADE 3. FACILITY								J.				
						,	0.					
be coded. I	R: Enter the For procedu	res l	listed	riate provider code in the colu d, <u>line through and initial</u> any c revisions or corrections to this	riteria/app	lications th	nat	do not app	ly.	You	r signature is requ	uired at the end of
				category and/or individual privi This serves as your recommer	-							
recommend	ation and si			are required in Section II of thi	is form.							
	Fully comp			IDER CODES		SUPERVISOR CODES						
1 - 2 -		1 - Approved as fully competent										
		2 - Modification required (<i>Justification noted</i>) 3 - Supervision required										
	Supervisio Not reques		•	to lack of expertise		3 - Supervision required4 - Not approved, insufficient expertise						
	ion	5 - Not approved, insufficient facility support/mission										
5 - Not requested due to lack of facility support/mission 5 - Not approved, insufficient facility support/mission SECTION I - CLINICAL PRIVILEGES												
Requested	Approved					Requested	d l	Approved				
		Ger	neral	Ophthalmology					Peo	diatri	ic Ophthalmology	
					PROCE	DURES						
Requested	Approved					Requested	d /	Approved				
		a.	Cata	aract Surgery					e.	Opł	hthalmic laser sur	gery
		b.	Corr	neal Surgery					f.	Reti	nal Surgery	
			(1)	Penetrating keratoplasty						(1)	Scleral buckle	
			(2)	Refractive surgery						(2)	Pars plana vitreo	tomy
		c.	Glau	icoma Surgery						(3)	Pneumatic retine	реху
			(1)	Goniotomy and/or Trabeculot	omy				q.	Stra	bismus Surgery	
			(2)	Trabeculectomy	,						Cyclovertical mu	scle surgery
		-	(3)	Seton implant						(' '	Cyclover field find	
		ما		•								
		a.		loplastic Surgery								
				Orbital surgery								
			(2)	Endoscopic facial surgery								
			(3)	Midface lift								
			(4)	Skin resurfacing surgery								
COMMENTS	S											
					SIGNA	TURE OF P	RO	VIDER				DATE (YYYYMMDD)

SECTION II - SUPERVISOR'S RECOMMENDATION								
Approval as requested	Approval with Modifica	tions (Specify below)	Disapproval (Specify below)					
COMMENTS								
DEPARTMENT/SERVICE CHIEF (Type	d name and title)	SIGNATURE		DATE (YYYYMMDD)				
S	ECTION III - CREDENTIALS	COMMITTEE/FUNCTION RE	COMMENDATION					
Approval as requested	Approval with Modifica	tions (Specify below)	Disapproval (Specify below)					
COMMENTS								
COMMITTEE CHAIRPERSON (Name ar		SIGNATURE		DATE (ΥΥΥΥΜΜDD)				
COMMITTEE CHAIRPERSON (Name at		SIGNATURE		DATE (γγγγμμαd)				