

**MAYAGUEZ MEDICAL CENTER
 DELINEATION OF CLINICAL PRIVILEGES
 THORACIC SURGERY**

NAME:

PROCEDURES	REQUESTED	NOT REQUESTED	RECOMMENDED	NOT RECOMMENDED
CHEST WALL				
Resection of Thoracoplasty				
Standard Type-Stages				
With Plombage				
Schede Type				
Plastic Reconstruction of Others (Specify):				
LUNG AND PLEURA				
Lobectomy				
Titak				
Segmental				
Sub-segmental				
Pneumonectomy				
Pleuropneunectomy				
Pneumonotomy				
Bronchotomy				
Other Operation on Lung				
Empyema – Drainage of:				
Postoperative				
Other (Specify):				
Thoracotomy for::				
Exploration and Biopsy				
Other Purpose				
Decortication of Pleurectomy				
Other Operations on Pleura				
Intrathoracic Surgery				
MEDIASTINUM				
Excision of Tumor				
Exploration for Biopsy				

NAME:

PROCEDURES	REQUESTED	NOT REQUESTED	RECOMMENDED	NOT RECOMMENDED
Exploration for Drainage				
Others (Specify)				
DIAPHRAGM				
Repair of Hernia				
Surgery of Diaphragm				
Others (Specify)				
ESOPHAGUS				
Resection for Tumor				
Resection for Other Cause				
Plastic Reconstruction of Esophagotomy				
Others (Specify):				
ENDOSCOPY				
Bronchoscopy				
Esophagoscopy				
Mediastinoscopy				
THACHEA				
Tracheostomy				
Other (Specify)				
CARDIOVASCULAR OPERATIONS FOR:				
Patent Ductus Arteriosus				
Coarctation of Aorta				
Pericardial Disease				
Aneurysms				
Congenital Heart Disease				
Acquired Heart Disease				
Pacemakers				
Nuclear				

NAME:

PROCEDURES	REQUESTED	NOT REQUESTED	RECOMMENDED	NOT RECOMMENDED
Conventional				
Others (Specify):				
MISCELLANEOUS PROCEDURES				
Pericardiocentesis				
Thoracentesis				
Others (Specify):				

 APPLICANT'S SIGNATURE

 DATE

// RECOMMENDED

// NOT RECOMMENDED

 DEPARTMENT DIRECTOR

 DATE