

**LAC+USC HEALTHCARE NETWORK
 DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

NAME OF APPLICANT _____ **SIGNATURE** _____

APPLIED	DESCRIPTION OF PRIVILEGE	PROVISIONAL	APPROVED	DATE C O
	OFFICE PRACTICE PROCEDURES			
<input type="checkbox"/> _____ _____	OBSTETRICS 1. Treatment of missed abortion 2. Treatment of spontaneous abortion	_____ _____	_____ _____	_____ _____
<input type="checkbox"/> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	GYNECOLOGY 1. Breast fine needle aspiration 2. Biopsy vulva, vagina perineum, skin 3. I & D Bartholins Gland Duct Abscess 4. I & D Vulva 5. Destruction of vulvar lesions 6. Biopsy cervix uteri 7. Cervical Conization/cauterization 8. Colposcopy with or without biopsy 9. Endometrial biopsy 10. Pap smear with endocervical sampling 11. Endocervical curettage 12. Culdocentesis 13. D & C 14. Diaphragm fitting with instruction 15. Insertion/removal IUD 16. Norplant insertion/removal	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

DEPARTMENTAL APPROVAL {PROVISIONAL PRIVILEGES}

DEPARTMENTAL APPROVAL {FINAL}

EXECUTIVE COMMITTEE ON:

GOVERNING BODY ON:

PERIOD ENDING:

C= Privilege denied for competency reason
 O= Privilege denied for reasons other than competency