



Non-Hospital Surgical Facility - Application for Privileges Ophthalmology Procedure Checklist

This document must be completed and attached to your NHSF Application for Privileges. **ONLY** check (✓) those procedures for which you are requesting NHSF approval. You must also indicate the number of procedures performed in the past 12 months in all NHSFs and hospitals.

Applicant Last Name: _____
(Please Print)

Given/First Names: _____
(Please Print)

Facility Name: _____

Type/Description of Procedure	ONLY check (✓) those procedures for which you are requesting NHSF approval	You MUST include total number of procedures performed in the <u>past 12 months</u> (all NHSFs and hospitals)
<i>Example: Ophthalmology Procedure</i>	<i>check (✓)</i>	<i># of procedures (e.g. 8)</i>
Intra-ocular surgery requiring dissection of the tissues of the globe including procedures on the:		
• Cornea (including ring segment implants, keratotomies, LASIK)		
• Corneal Transplant		
• Lens and implants		
• Iris		
• Sclera		
• Vitreous		
Eyelid procedures requiring implants or dissection of the orbital septum or beyond		
Eyelids (blepharoplasty, ptosis repair, tarsorrhaphy, canthopexy, canthoplasty)		
Lacrimal procedures requiring incision into the nasal passages		
Orbital and socket procedures not associated with risk of intracranial or neurovascular complications, including:		
• Orbital tumor excision		
• Insertion of an implant		
• Enucleation/evisceration with or without implant		
• Socket reconstruction requiring implant, transplant or exposure of bone [Note: Minor anterior orbital procedures are considered office procedures]		
Strabismus procedures		
Rheopheresis [Note: All patients must be enrolled in a research study approved by a research ethics review body acceptable to the College]		