

ENT

Physician name: _____ CPSID: _____

Facility applying to: _____

Please indicate only the procedures you wish to perform at the above-mentioned facility.

Ears

- Exploratory tympanotomy
- Labyrinthectomy
- Myringotomy
- Otoplasty
- Tympanoplasty
- Stapedotomy
- Ossiculoplasty
- Mastoidectomy (elective, adult only)

Nose

- Antral lavage
- Cauterization of septum
- Cryosurgical treatment of turbinates
- Electrocoagulation of turbinates
- Ethmoidotomy – intranasal (anterior/posterior)
- Nasal fracture reduction
- Rhinoplasty
- Septal reconstruction
- Sinus sphenoidotomy (intranasal)
- Spheno-ethmoidotomy – intranasal – endoscopic – revision
- Turbinectomy
- Maxillary antrostomy
- Frontal sinusotomy
- Eustachian tube dilation
- Nasal polypectomy

Head and neck

- Excision facial neuroma
- Excision of skin lesion
- Blepharoplasty (upper)

Throat

- Adenoidectomy
- Bronchoscopy/microlaryngoscopy
- Direct laryngoscopy
- Excision – cysts, soft tissue tumour
- Flexible fiberoptic nasopharyngolaryngoscopy
- Oesophagoscopy – rigid/flexible
- Parotidectomy – total
- Tonsillectomy and/or adenoidectomy
- Uvulopalatopharyngoplasty – laser

I hereby certify that the procedures selected in this application are within the scope of my current practice.

Physician signature: _____ Date: _____