



ELMHURST

OUTPATIENT SURGERY CENTER

1200 S. York Rd., Ste. 1400, Elmhurst, IL 60126 • (630) 758-8800

MEDICAL STAFF REVISION OF PRIVILEGES

I, _____, request no changes in my privileges at
(Name)

Elmhurst Outpatient Surgery Center, LLC.

At this time, I, _____ prefer to add to _____
(Name)

or delete from _____ those privileges.

Additional Privileges

Approved:

_____	_____
_____	_____
_____	_____
_____	_____

Deleted Privileges

Approved:

_____	_____
_____	_____
_____	_____
_____	_____

M.D. Signature required: _____ Date: _____

Specialty Rep. : _____ Date: _____

Medical Director: _____ Date: _____

Temporary Privileges: _____ Date: _____

CRC approval: _____ Date: _____

Board approval: _____ Date: _____