

Lady of the Sea General Hospital

Please indicate which program that you have completed which qualifies you to practice at the Total Care Clinic.

	Family Practice
	Emergency Medicine
	General Surgery
	General Medicine
	Internal Medicine with Pediatrics

Total Care Clinic

Please indicate in the "Requested" section, those privileges which you are requesting.

Requested	Recommended	Approved	Delineation of Privileges
			EENT
			Sore throat
			Simple earaches
			Cough
			Rhinitis
			Minor eye irritations
			LACERATIONS
			minor, 2.5 cm to 7.5 cm, without significant bleeding
			GASTROINTESTINAL
			Adult: Vomiting
			Adult: Dirrhea
			Pediatric: Vomiting
			Pediatric: Dirrhea
			Pediatric: 0-3 years - less than 6 hours duration
			Pediatric: 3-10 years - less than 12 hours duration
			EYE INJURY
			Foreign bodies
			Non-complicated fractures
			OTHER
			Suspected socially transmitted disease
			Simple urinary symptoms
			Wound care
			Suture removal
			Follow-up care
			Routine employer contracted physical exams
			Routine employer contracted drug screens

I am qualified and competent to perform those privilges that I have requested.

Signature: _____

Date: _____