



CIBOLA GENERAL HOSPITAL, INC.

1016 E. Roosevelt • Grants, NM 87020 • (505) 287-4446

REQUEST FOR CLINICAL PRIVILEGES: INTERPRETATION OF ECHOCARDIOGRAMS

Name (please print): _____

Instructions: Place a (√) next to each group or procedure requested.

Procedure Classification	Requested	Recommended	Special Conditions
Interpretation of echocardiograms by National Clinical Technology.			
Consultations			

Signature Date

Appointment Recommended Appointment Not Recommended Appointment Deferred

Date Chairman, Executive Committee

Appointed Disapproved Deferred

Date Chairman, Board of Directors



HEALTH STATEMENT

Do you presently have a physical or mental health condition which would affect or is likely to affect your ability to perform professional or medical staff duties as a physician/allied health professional?:

_____ Yes _____ No

If yes, please explain: _____

During the last two years, have you been hospitalized or received any other type of institutional care for a health problem?:

_____ Yes _____ No

Significant finding: _____

Signature

Date

*******IMPORTANT – MUST BE SIGNED BY VERIFYING PHYSICIAN*******

I affirm to the best of my knowledge that the above mentioned physician has no physical or psychological impairments that would impede his/her ability to perform quality health care services.

(Signature of verifying physician)

Date: _____