



CIBOLA GENERAL HOSPITAL

1016 ROOSEVELT • GRANTS, NM 87020 • (505) 287-4446 • FAX (505) 287-5309

REQUEST FOR CLINICAL PRIVILEGES: PHYSICAL THERAPY

Name (please print): _____

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

Procedure Classification	Privilege Requested	Privilege Recommended	Special Conditions
Evaluate and treat inpatients upon referral of the treating physician.			
Evaluate and treat outpatients and inpatients in accordance with the New Mexico Physical Therapist Practice Act and payer requirements.			

Signature

Date

Appointment Recommended Appointment Not Recommended Appointment Deferred

Date

Chairman, Executive Committee

Appointed

Disapproved

Deferred

Date

Chairman, Board of Directors

