

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**SIERRA VISTA HOSPITAL**  
800 East Ninth Street  
Truth or Consequences, New Mexico 87901

**DELINEATION OF CARDIOLOGY PRIVILEGES**

I am qualified for and request the following privileges:

**CARDIAC DISEASES**

\_\_\_\_\_ Differential Diagnosis

\_\_\_\_\_ Coronary Heart Disease

\_\_\_\_\_ with angina

\_\_\_\_\_ with infarction

\_\_\_\_\_ with coronary insuffic.

\_\_\_\_\_ Myocardial Infarction

\_\_\_\_\_ with shock

\_\_\_\_\_ with serious arrythmia

\_\_\_\_\_ with cardiac arrest

\_\_\_\_\_ with congestive failure

\_\_\_\_\_ Congestive Heart Failure

\_\_\_\_\_ Acute

\_\_\_\_\_ Chronic & Intractable

\_\_\_\_\_ Bacterial endocarditis

\_\_\_\_\_ Cardiac arrythmias

\_\_\_\_\_ Rheumatic fever

\_\_\_\_\_ Myocarditis

\_\_\_\_\_ Pericarditis

\_\_\_\_\_ Cardioversion - Medical

\_\_\_\_\_ Cardioversion - Electrical

Essential, unresponsive

**HYPERTENSION**

\_\_\_\_\_ Differential Diagnosis

\_\_\_\_\_ Malignant

\_\_\_\_\_ Complicated

\_\_\_\_\_ with cardiac insuffic.

\_\_\_\_\_ with renal insuffic.

\_\_\_\_\_  
Chief of Staff                      Date

\_\_\_\_\_  
Chairman of the Board              Date

\_\_\_\_\_  
Administrator                      Date