

NAME: _____

DATE: _____

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

DELINEATION OF DERMATOLOGY PRIVILEGES

I am qualified for and request the following privileges:

COLLAGEN DISEASES

Differential Diagnosis _____

Periarthritis Nodosa _____

Dermatomyositis _____

Lupus Erythematosus _____

Thrombotic Thrombocytopenic Purpura _____

Scleredema _____

Necrotizing Granulomatosis _____

ALLERGY

Urticaria _____

GENERAL SURGERY

Skin Tumors _____

Skin Lacerations _____

Lip and Tongue Surgery _____

Hand Infections (Minor) _____

MINOR SURGICAL PROCEDURES

I & D Abscess _____

MEDICAL PEDIATRIC CARE

Uncomplicated Infections of

Skin _____

Complicated Infections of Same

Skin _____

EXTRA ORAL-ORAL SURGERY

Minor Infections _____

Minor Lacerations _____

Minor Cysts _____

Chief of Staff

Date

Chairman of the Board

Date

Administrator

Date