

NAME: _____

DATE: _____

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

DELINEATION OF GASTROENTEROLOGY PRIVILEGES

I am qualified for and request the following privileges:

GASTROINTESTINAL DISEASES

Differential Diagnosis _____

Ulcerative Colitis _____

Regional Ileitis _____

Intestinal Obstruction _____

Pancreatitis _____

Cholecystitis _____

Peptic Ulcer _____

 Bleeding _____

 Perforated _____

 Obstructed _____

Malabsorption _____

BIOPSY PROCEDURES

Liver _____

ENDOSCOPY

Esophagoscopy _____

Sigmoidoscopy _____

Gastroscopy _____

Colonoscopy _____

EGD _____

(Esophagogastroduodenoscopy)

HEPATIC DISEASES

Differential Diagnosis _____

Hepatitis _____

Differential Diagnosis _____

Jaundice _____

Cirrhosis _____

 With Bleeding Varices _____

 With Coma _____

 Decompensation _____

Chief of Staff Date

Chairman of the Board Date

Administrator Date