

NAME: _____

DATE: _____

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

DELINEATION OF NEUROLOGY PRIVILEGES

I am qualified for and request the following privileges:

NEUROLOGICAL DISEASES

- Differential Diagnosis _____
- Meningitis – Encephalitis _____
- Convulsive states _____
- Parkinsonism _____
- Degenerative _____
- Demyelinating _____
- Stroke _____
- Acute _____
- Rehabilitation _____
- Other EMG/NCV _____
- Other Neurologic Diseases _____

Chief of Staff Date

Chairman of the Board Date

Administrator Date