NAME: _____

DATE: _____

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

DELINEATION OF OPHTHALMOLOGY PRIVILEGES

I am qualified for and request the following privileges:

_____ Category I — Non-surgical Ophthalmology: The office practice of Ophthalmology and surgical assisting in ophthamologic procedures. Emergency care is also permitted.

_____ Category II — General Ophthalmology: Illness or problems requiring skills acquired during training sufficient to attain acceptance for board certification examination in Ophthalmology. Physicians in this category may act as Consultants to others and, in turn should request consultation when the diagnosis or management are in doubt, when unexpected complications arise or when hazardous procedures or treatment are contemplated.

_____ Category III — Subspecialty Ophthalmology: Illness or problems requiring an unusual degree of expertise or competence in a subspecialty area acquired through subspecialty training or experience. The Physician in this category is expected to act as a Consultant in his field, and, in turn, to obtain consultation whenever other subspecialty skills are needed.
Subspecialty Designation is _____.

_____ Special procedure/ Surgeries:
_____ Cataract
_____ _____
_____ _____

_____ _____
Chief of Staff Date Chairman of the Board Date

_____
Administrator Date