Christus Cabrini Surgery Center

REQUEST AND APPROVAL OF PRIVILEGES - Chiropractor					
Applicants Name:			**Date:**		
R=Requested NR=Not Requested TA = Temporary Privileges			**A=Approved**		**D=Denied**
Procedure	**R**	**NR**	**TA**	**A**	**D**
Initial interpretation and assessment of x-ray films and fluoroscopy perioperatively with documentation of findings.					
Manipulation Under Anesthesia					
Spine					
Upper Extremity					
Lower Extremity					
Other:					

Applicant's Signature

_____ Date: _____

Medical Director Approval of Temporary Privileges

_____ ☐ Yes ☐ No Date:_____

Administrator's Approval of Temporary Privileges

_____ ☐ Yes ☐ No Date:_____

Credentialing Committee Approval of Privileges

_____ ☐ Yes ☐ No Date:_____

Governing Board Approval of Privileges

_____ ☐ Yes ☐ No Date:_____

All staff physicians may render emergency care and utilize lifesaving procedures without regard to the official privileges applied for above.

Category of Staff

☐ Temporary Date:_____ ☐ Provisional Date: _____ ☐ Courtesy Date: _____ ☐ Active Date: _____ ☐ Emergent Date: _____