

CHRISTUS CABRINI SURGERY CENTER

REQUEST AND APPROVAL OF PRIVILEGES – Gastroenterology

Applicants Name: _____

Date: _____

R=Requested

NR=Not Requested

TA = Temporary Privileges

A=Approved

D=Denied

Procedure	R	NR	TA	A	D
Evaluation and diagnosis of medical conditions to determine need for surgical interventions.					
Initial interpretation and assessment of x-ray films and fluoroscopy perioperatively with documentation of findings.					
History and Physical					
Endoscopic Exam of Upper GI tract					
Interpretation of Esophageal Motility Studies					
Interpretation of Secretary Studies					
Colonoscopy					
Sigmoidoscopy – Flexible					
Sigmoidoscopy – Rigid					
Small Intestinal Biopsy w/Crosby Capsule and Shiner Tube					
Esophageal Dilations					
Percutaneous Endoscopic Gastrostomy					
Endoscopic Sphincterotomy					
Peritoneoscopy					
IV Sedation					
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

Active Courtesy Temporary Emergent