

CHRISTUS Cabrini Surgery Center

REQUEST AND APPROVAL OF PRIVILEGES - Radiology Procedures

| | | | | | | |
|--|-------------------------|----------------------------------|-----------|-------------------|-----------------|--|
| Applicants Name: | | Date: | | | | |
| R=Requested | NR=Not Requested | TA = Temporary Privileges | | A=Approved | D=Denied | |
| Procedure | | R | NR | TA | A | D |
| History and Physical examination/assessment | | | | | | |
| Interpretation of x-rays/fluoroscopy images and authentication of films and pictures | | | | | | |
| Serve as Radiology Safety Officer | | | | | | |
| Other: | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Applicant's Signature | | | | | | |
| _____ | | | | | | Date: _____ |
| Medical Director Approval of Temporary Privileges | | | | | | |
| _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |
| Chief Executive Officer's Approval of Temporary Privileges | | | | | | |
| _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |
| Medical Executive Committee Approval of Privileges | | | | | | |
| _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |
| Board of Managers Approval of Privileges | | | | | | |
| _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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
 Provisional
 Courtesy
 Active
 Emergent
 Date: _____
 Date: _____
 Date: _____
 Date: _____
 Date: _____