

Delineation of Privileges – *Internal Medicine*

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are applying.

CORE PRIVILEGES:	Requested	Not Requested	Approved	Denied
General Internal Medicine (Representative Diagnosis)				
General Pediatric Medicine (Representative Diagnosis)				
Metabolic & Endocrine Disease				
Hepatic Diseases				
Gastrointestinal Diseases				
Pulmonary Disease				
Renal Disease				
Cardiac Diseases				
Rheumatology				
Hematologic/Oncologic Disease				
Neurologic Diseases				
Allergy				
Infectious Disease				
Severe Infection Management				

SPECIALTY PRIVILEGES	Requested	Not Requested	Approved	Denied
Joint Aspiration				
TPN				
Wound Aspiration				
Incision of Superficial Abscess				
Hemo Dialysis / Peritinal Dialysis				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in **Internal Medicine** as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Physician _____ Date _____

APPROVAL:	
Comments:	

_____	_____
Medical Director	Date

APPROVAL:

Comments:

Governing Body Chairperson

Date