

Delineation of Privileges - NEUROLOGY

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

CORE PRIVILEGES:	Requested	Not Requested	Approved	Denied
Primary patient care and consultation in Neurology				

SPECIALTY PRIVILEGES:	Requested	Not Requested	Approved	Denied
Electromyography				
Lumbar Puncture				
Nerve or Neuromuscular Block				
Other:				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Neurology** 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
_____	_____
Governing Body	Date