

Delineation of Privileges - Oriental Medicine & Acupuncture

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.

PRIVILEGES:	Requested	Not Requested	Approved	Denied
Patient care and consultation in Oriental Medicine and Acupuncture to Include:				
Evaluation and management services				
Performance of acupuncture including clean needle technique and knowledge of common precautions and contraindications				
Stimulation of points of body using needles, heat, cold, sound, vibration, electricity, bleeding, suction and pressure				
Physical medicine modalities and procedures including: E-stim, Hydrocollator packs and Microcurrent				
Counseling regarding physical, emotional and spiritual balance in lifestyle				
Other: Please specify				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of Oriental Medicine and Acupuncture 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: _____ _____ <div style="display: flex; justify-content: space-around; margin-top: 20px;"> _____ Medical Director _____ Date </div>
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