

Delineation of Privileges - ORTHOPEDICS

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
Evaluation, diagnosis and treatment of musculoskeletal conditions.				

SPECIALITY PRIVILEGES:	Requested	Not Requested	Approved	Denied
Arthrocentesis				
Joint Injection				
Wound Debridment				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of Orthopedics 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