HEALTHSOUTH
Rehabilitation Hospital, Albuquerque

Delineation of Privileges - **Physical Medicine & Rehabilitation**

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
Physical Medicine - Diagnosis and treatment of physical disabilities requiring rehabilitation evaluation and prescription				
Rehabilitation - Evaluation for supervision of rehabilitation relating to patients with disabling conditions and impairments.				
Routine non-procedural medical care				
Routine primary care procedures				

SPECIALTY PRIVILEGES:	Requested	Not Requested	Approved	Denied
Arthrocentesis				
Electromography				
Neuro Muscular Blocks				
Baclofen Pump Management (Intrathcal Baclofen)				
Botox Injections				
Dysphagia Studies				
Other (specify):				

Your initials as used in Medical Records ____________________

Your signature as used in Medical Records ____________________

I, ____________________, hereby request privileges in the specialty of **Physical Medicine/Rehabilitation** 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: ____________________

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____________________ Medical Director

____________________ Date