

Delineation of Privileges - PODIATRY

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 and treatment of disorders of the foot and ankle				

SPECIALTY PRIVILEGES:	Requested	Not Requested	Approved	Denied
Removal of ingrown toenails, corns, calluses, nevi, warts,				
Incision and drainage of superficial abscess				
Injection of medication into joint or tissue below the ankle				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

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