

Delineation of Privileges - Urology

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 diagnosis of medical conditions to determine need for surgical intervention.				

INCLUDED IN CORE PRIVILEGES

Post surgical evaluation and treatment	
• Incision inspection	• Medical management post-surgical
• Surgical site cleaning, packing/repacking	• Management and removal of external drainage shunts
• Staple/stitch removal	Insertion and care of existing external urinary drainage catheters

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Urology** 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