

Albuquerque Surgery Center
1720 Wyoming NE
Albuquerque, NM 87112

Delineation of Privileges - *Anesthesiology*

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.

PRIVILEGES:	Requested	Not Requested	Approved	Denied
Evaluation and diagnosis of medical conditions to determine need for surgical intervention.				
General anesthesia (all agents), including pre-op and post-op care				
Regional anesthesia				
Spinal (including continuous)				
Peridural (including continuous)				
Peripheral nerve blocks				
IV regional block				
Special techniques				
Anesthesia for endoscopy				
Steroid epidural techniques				
Bronchoscopy				
Pain management				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Anesthesiology** 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/President, Medical Staff

Date