

Albuquerque Surgery Center  
 1720 Wyoming NE  
 Albuquerque, NM 87112

***Delineation of Practice Prerogatives – Doctor of Oriental Medicine***

Please indicate by a check in the requested column those practice prerogatives that are commensurate with your clinical ability, training and experience for which you are applying.

PRACTICE PREROGATIVES:	Requested	Not Requested	Approved	Denied		
Evaluation and Management of pain, illness, injury, mental condition, to determine need for intervention.						
Diagnostic examination						
Acupuncture and related procedures, ordering, of diagnostic imaging, lab, and diagnostic tests.						
Stimulation of points, area of the body or substance of the body using qi, needles, heat, cold, color, light, infrared, ultraviolet, lasers, sound vibration pressure, magnetism, electricity and electromagnetic energy						
Therapeutic exercises						
Breathing techniques and mediation						
Dietary and nutritional counseling						
RX or administration of herbal medicine, homeopathic medications, vitamins, minerals, enzymes, natural, substances, dietary and nutritional supplements						

Your initials as used in Medical Records - \_\_\_\_\_.

Your signature as used in Medical Records - \_\_\_\_\_.

I, \_\_\_\_\_, hereby request practice prerogatives in the Medical Staff as Doctor of Oriental Medicine indicated. I understand that practice prerogatives requested may differ from those approved. I further understand that this request does not preclude me from requesting additional practice prerogatives in the future.

\_\_\_\_\_

Doctor of Oriental Medicine

\_\_\_\_\_

Date

APPROVAL:

Comments:

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Medical Director

\_\_\_\_\_

Date