

# ALBUQUERQUE SURGERY CENTER

## Delineation of Privileges - *Endoscopy*

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 requesting.

PRIVILEGES:	Requested	Approved	Denied	Modified
Evaluation and diagnosis of medical conditions to determine need for surgical intervention.				
Anoscopy (with or without biopsy)				
Bronchoscopy (with or without biopsy and brushing)				
Colonoscopy (with or without biopsy)				
Esophageal dilation				
EGD (with or without biopsy)				
Gastroscopy (with or without biopsy)				
Laryngoscopy (with or without biopsy)				
Peritoneoscopy				
Pleuroscopy				
Pleural biopsy				
Thoracentesis				

- Do you anticipate giving local anesthesia?  Yes  No
- Do you anticipate administering your own anesthesia?  Yes\*  No
- Do you administer anesthesia at any other local facilities?  Yes  No

(\*If yes, please complete Anesthesia Privileges for non-anesthesiologists.)

