Albuquerque Surgery Center
1720 Wyoming NE
Albuquerque, NM 87112

Delineation of Privileges – ***Neurosurgery***

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**
Ulnar nerve transposition				
Carpal tunnel release				
Lumbar laminectomy				
Diskectomy				
Nerve repair				
Spinal cord stimulatory implantation - permanent				
Anterior cervical fusion				
Posterior cervical fusion				
Microdiskectomy				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

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