

ALBUQUERQUE SURGERY CENTER

Delineation of Privileges – *Spine Surgery*

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	Approved	Denied
Discectomy			
Open			
Percutaneous			
Laminectomy			
Lumbar			
Thoracic			
Cervical			
Spinal Fusion			
Lumbar			
Thoracic			
Cervical			
Anterior			
Posterior			
Other			
Pain Management			

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Spine Surgery** 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