

# LA CLINICA DE FAMILIA

## FAMILY PRACTICE REQUEST FOR PRIVILEGES

Clinical privileges with La Clinica de Familia, Inc. shall be granted to members of the Medical Staff who are board certified, board eligible, or board prepared in Family Medicine. Specific clinical privileges are requested below.

Provider's Name: \_\_\_\_\_

Request	Verified	Approved	Not Approved	PROCEDURES AND SERVICES	Request	Verified	Approved	Not Approved	PROCEDURES AND SERVICES
				<b>GENERAL</b>					<b>MEDICINE: TREATMENT OF UNCOMPLICATED (continued)</b>
				Routine physical examination					Infectious diseases
				History and physical examination					Metabolic/Endocrine diseases
				Interpretation of laboratory data					Neurological diseases
				Preliminary interpretation of radiographs					Pulmonary diseases
				Preliminary interpretation of EKGs					Renal Diseases
				Cardiopulmonary resuscitation (basic life support)					Routine Physical Examination
				Life threatening emergency. At a time of clinical emergency any practitioner may render whatever care believed to be indicated.					Hematological diseases
				<b>OB/GYN</b>					<b>OPHTHALMOLOGY</b>
				Perform PAP smears					Visual acuity screening
				Treat vaginitis					Tonometry
				Remove IUD's					External eye examination
				Provide family planning counseling					Treatment of conjunctivitis
				Prescribe oral contraceptives					Removal of foreign bodies on cornea
				Fit and prescribe diaphragms					Treatment of corneal Abrasions
				Endometrial biopsy					Eye Irrigation
				Bartholin's cyst/abscess I&D					Order x-rays to evaluate fracture or foreign body
				IUD Insertion					<b>GASTROINTESTINAL</b>
				Norplant insertion					Anuscopy
				Treatment of vulvar condyloma with cryotherapy or TCA					Pilonidal cyst/abscess I&D
				Wet smear or KOH preparation					<b>ORTHOPEDICS</b>
				Prenatal, Normal OB patient					Treatment of acute back and neck strain
				<b>ANESTHESIOLOGY</b>					Treatment of simple contusions and sprains
				Local infiltration and minor nerve blocks					Treatment of bursitis and tendonitis
				<b>MEDICINE: TREATMENT OF UNCOMPLICATED</b>					Treatment of simple closed fractures, i.e., finger, toe, rib, etc.
				Allergy					Trigger point injection
				Arthritis					Ankle taping
				Cardiac disease					Joint immobilization by splinting or casting
				Collagen diseases					Joint aspiration or injection
				Gastrointestinal diseases					Soft tissue injection
				Hepatic diseases					
				Hypertension					

Request	Verified	Approved	Not Approved	PROCEDURES AND SERVICES
				<b>SURGERY</b>
				I&D Abscess
				Suture of lacerations superficial
				Evacuation of thrombosed external hemorrhoid
				Wound dressing
				Unna boot application
				Ingrown toenail removal
				<b>DERMATOLOGY</b>
				Treatment of simple lesions, acne, etc. and superficial skin lesions
				Punch biopsy
				Cryotherapy of superficial lesions
				Shave biopsy

Request	Verified	Approved	Not Approved	PROCEDURES AND SERVICES
				<b>PEDIATRICS</b>
				Uncomplicated problem of pediatric upper respiratory tract
				Uncomplicated GI or GU conditions in pediatrics
				Medical pediatric care, including immunizations
				Routine newborn care
				Suprapubic bladder aspiration

List any other privileges that you are requesting: \_\_\_\_\_

Documentation of training and expertise to perform all practice procedures requested must be provided.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Temporary Approval pending Medical/Dental Staff Committee Meeting

\_\_\_\_\_ Denied

\_\_\_\_\_  
Signature Medical Director

\_\_\_\_\_  
Date

**Medical/Dental Staff Committee Approval**

\_\_\_\_\_ Temporary Approval (temporary employees)

\_\_\_\_\_ Regular Approval

\_\_\_\_\_ Regular Provisional Approval

\_\_\_\_\_ Approval with modifications (specify below)

\_\_\_\_\_ Denied (specify below)

\_\_\_\_\_  
Medical/Dental Staff Committee Chairperson

\_\_\_\_\_  
Date