

SURGICAL CARE AFFILIATES

Delineation of Privileges - **Anesthesiology**

Name: _____

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
Evaluation and diagnosis of medical conditions to determine need for surgical intervention.			
General anesthesia (all agents), including pre-op and post-op care			
Regional anesthesia			
Spinal (including continuous)			
Peridural (including continuous)			
Peripheral nerve blocks			
IV regional block			
Anesthesia for endoscopy			
Steroid epidural techniques			
Bronchoscopy			

If you desire to obtain pain management privileges, please request the Pain Management privilege form.

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

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

<p>APPROVAL: My recommendation in regard to clinical privileges and membership is based on review and evaluation of relevant verified education, training or experience, current licensure, current competence and the applicant's ability to exercise clinical privileges requested -</p> <p><input type="checkbox"/> Qualified to receive Medical Staff membership and clinical privileges as requested.</p> <p><input type="checkbox"/> Qualified to receive Medical Staff membership and clinical privileges with changes noted:</p> <p>_____</p> <p><input type="checkbox"/> Not qualified to receive Medical Staff membership and clinical privileges as requested:</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">_____ Medical Director</p> <p style="text-align: right;">_____ Date</p>	
---	--

Since this is an outpatient surgical center, the Medical Director and Administrator reserve the right to review any procedures scheduled as to their appropriateness in an outpatient setting.