

# KENDALL POINTE SURGERY CENTER, LLC

## ***DELINEATION OF PRIVILEGES***

### Conscious Sedation

Place a checkmark in the box to the left of each privilege which you desire. *Right three columns are for office use only.*

	<b>PRIVILEGES DESIRED</b>	<b>D E N I E D</b>	<b>G R A N T E D</b>	<b>WITH CONSULTATION</b>
√	<b>ANESTHESIA</b>			
	Conscious Sedation			

	<b>PRIVILEGES DESIRED</b>	<b>D E N I E D</b>	<b>G R A N T E D</b>	<b>WITH CONSULTATION</b>
√				

I am competent based on my education, training, and experience to perform the procedures checked above.

My signature on this application represents a request for privileges for the clinical procedures described above.

\_\_\_\_\_ Date

Applicant's Signature

\_\_\_\_\_ Approved      \_\_\_\_\_ Rejected