

KENDALL POINTE SURGERY CENTER, LLC

Delineation of Privileges Gastroenterology

Physician Name: _____

Date: _____

	Privileges	Denied	Granted	With Consultation
	Anoscopy			
	Removal of Foreign Body			
	Polyp			
	Control of Hemorrhage			
	Colonoscopy			
	w/ablation of tumor			
	w/biopsy			
	Esophageal dilation			
	Metal Olive			
	Balloon			
	Endoscopic biopsy - esophagus			
	Esophagoscopy and removal of foreign body			
	Esophagogastroduodenoscopy			
	w/injection of varices			
	w/rubberband			
	w/tube placement			
	Polypectomy, colon			
	Proctosigmoidoscopy for:			
	Ablation of tumor			
	Control hemorrhage			
	Decompression Volvulus			
	Proctosigmoidoscopy			
	Flexible w/biopsy			
	Rigid w/biopsy			
	Suction Biopsy			
	Small Intestine			
	Conscious Sedation			

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.

Physician Signature

Date

Medical Director, Kendall Pointe Surgery Center, LLC

Date