

900 N MICHIGAN SURGICAL CENTER

**PRIVILEGE REQUEST FORM
ANESTHESIOLOGY**

I am applying for the following privileges of which I am also currently credentialed at _____,
an Illinois hospital.

REQUESTED	GRANTED	PROCEDURE
_____	_____	IV Sedation
_____	_____	Regional (Please Specify): _____ _____ _____
_____	_____	General (Please Specify): _____ _____ _____
_____	_____	Other (Please Specify): _____ _____ _____

Practitioner's Signature _____ Print Name _____ Date _____

Medical Director Approval _____ Date _____

Governing Body Approval _____ Date _____

REVISED: 10/05