

Suffolk Surgery Center

1500 William Floyd Parkway, Shirley, NY 11967
(631) 205-9090 • Fax (631) 205-9257

Delineation of Privileges Chiropractor

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.

Requested Privileges	FOR OFFICE USE ONLY	
	Approved	Denied
<input type="checkbox"/> Manipulation under anesthesia — Cervical		
<input type="checkbox"/> Manipulation under anesthesia — Lumbar		
<input type="checkbox"/> Manipulation under anesthesia — Thoracic		
<input type="checkbox"/> Manipulation under anesthesia — Shoulder		
<input type="checkbox"/> Manipulation under anesthesia — Hip		
<input type="checkbox"/> Manipulation under anesthesia — TMJ		
<input type="checkbox"/> Manipulation under anesthesia — Knee		
<input type="checkbox"/> Manipulation under anesthesia — Ankle		
<input type="checkbox"/> Manipulation under anesthesia — Elbow		
<input type="checkbox"/> Manipulation under anesthesia — Wrist		

I, _____
hereby request privileges in the specialty of Chiropractic Manipulation. 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 (Signature)

Date

APPROVAL

FOR OFFICE USE ONLY

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.

- Qualified to receive Medical Staff membership and clinical privileges as requested.
- Qualified to receive Medical Staff membership and clinical privileges with changes noted:

- Not qualified to receive Medical Staff membership and clinical privileges as requested:

Medical Director

Date