NEUROLOGY

Kettering Medical Center
Kettering Memorial Hospital/Sycamore Hospital

Clinical Privileges Profile

Requirements: Board eligible in Neurology.

In requesting privileges in neurology, I ask to provide medical care for patients with neurological disorders.

Please select the special procedures desired. Approval of privileges is bases upon education, clinical training, and demonstrated skills.

Requested	TYPE OF PRIVILEGES	Recommended
_____	Peripheral nerve biopsy and skeletal muscle biopsy	_____
_____	Stellate ganglion block	_____
_____	Peripheral nerve block	_____
_____	Sympathetic block	_____
_____	Vestibular function testing	_____
_____	Autonomic function testing	_____
_____	Intrathecal administration of chemotherapeutic agents	_____
_____	Vascular ultrasonography	_____
_____	Neurophysiologic testing	_____
	Other (please specify)	
_____	_____	_____

I agree with the delineation of privileges and will, under ordinary circumstances, practice under the conditions outlined. In case of emergency it may be necessary to render care outside of these parameters. I agree that when new techniques and skills are mastered, I shall request modification of my privileges.

_____

Signature of Practitioner - Date

_____

Signature of Clinical Service Chief Date

June 1989; Rev. February 1996