

**TEXAS SPINE AND JOINT HOSPITAL**

**DELINEATION OF PRIVILEGES**

**CARDIOLOGY**

**NAME:** \_\_\_\_\_

**INITIAL APPOINTMENT/REAPPOINTMENT**

**(Circle One)**

<b>Requested</b>	<b>Privilege</b>	<b>Approved</b>	<b>Denied</b>
	<b>Holter Monitor Interpretation</b>		
	<b>M-Mode Echocardiography Interpretation</b>		
	<b>2-D Echocardiography Interpretation</b>		
	<b>Doppler Interpretation</b>		
	<b>Treadmill ECG Interpretation</b>		
	<b>Stress Echo Interpretation</b>		
	<b>12 Lead ECG Interpretation</b>		
	<b>Consultation</b>		

**Other:**

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**ACKNOWLEDGEMENT OF PRACTITIONER**

**I am qualified to perform the privileges I have requested based on my licensure, education, training, experience, health status and current competency.**

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**Practitioner's Signature**

\_\_\_\_\_  
**Date**