

**Texas Spine & Joint Hospital**

**DELINEATION OF PRIVILEGES  
OPERATING ROOM TECHNICIAN**

NAME: \_\_\_\_\_ INITIAL APPOINTMENT/REAPPPOINTMENT (CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	<b>GENERAL</b>		
	Provide exposure, hold retractor		
	Cut sutures (may not cut, clamp or suture tissues or close skin)		
	Drape patients, independently		
	Prep patients, independently		
	Assist surgeon in positioning		
	Change and apply dressings		
	Change and apply casts		
	Change and apply splints		

\_\_\_\_\_  
Signature of Allied Health Professional

\_\_\_\_\_  
Date

I agree to accept total responsibility for all actions of this Allied Health Professional while he/she is in my employ. I also attest to the fact that an adequate investigation of his/her qualifications and character has been performed and that the individual, in my opinion, is capable of performing the requested activities. I also agree to notify the Hospital if this person should leave my employment.

\_\_\_\_\_  
Sponsoring Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Physician's Signature

\_\_\_\_\_  
Date

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Sponsoring Physician's Signature

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Date

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Sponsoring Physician's Signature

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Date