

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL  
 DELINEATION OF PRIVILEGES  
 PULMONOLOGY**

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

Appointment/Reappointment

REQUESTED	PROCEDURE	APPROVED	DENIED
	Respiratory Evaluation		
	Bronchial Brushing Bronchial Lavage		
	Bronchograms		
	Spinal Tap		
	Subclavian Puncture		
	Thoracentesis		
	Bronchoscopy		
	Esophagoscopy		
	IV Sedation		
	Needle Biopsy		
	Other		

**ACKNOWLEDGEMENT OF PRACTITIONER**

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date