MEDSTAR UNION MEMORIAL HOSPITAL
DELINEATION OF PRIVILEGES
DIAGNOSTIC IMAGING

Print Form

Name (print or type): _____
Last First M.I.

	Requested	Recommended	Comments
Teleradiology	☐		
Head and Neck (Interpretation, Fluoroscopy, Procedures)	☐		
Chest (Interpretation, Fluoroscopy, Procedures)	☐		
Abdomen/Pelvis (Interpretation, Fluoroscopy, Procedures)	☐		
Musculoskeletal (Interpretation, Fluoroscopy, Procedures)	☐		
Ultrasound (Interpretation, Procedures)	☐		
Computed Tomography (interpretation, Procedures)	☐		
Magnetic Resonance Imaging (Interpretation, Procedures)	☐		
Mammography (Interpretation, Procedures)	☐		
Diagnostic Venography	☐		
Diagnostic Arteriography	☐		
Nuclear Medicine Diagnostic	☐		
Nuclear Medicine Therapy ☐	☐		
NON CORE PRIVILEGES			
* Cardiac CTA	☐		
Invasive Procedures*			
Breast Core Biopsy Under Stereotactic Guidance	☐		
Breast Core Biopsy Under Ultrasound Guidance	☐		
Percutaneous Drainage/Aspiration of Fluid Collections	☐		
Percutaneous Needle Biopsy	☐		
Percutaneous Biliary and GI Procedures ☐	☐		
Percutaneous Genitourinary Procedures ☐ ☐	☐		
Percutaneous Vertebroplasty	☐		
New Procedures (other) _____	☐		

Endovascular Intervention* (See Separate Delineation Form) ***Please note case minimums on "Competency" Policy.**

BOARD CERTIFICATION: All diagnostic radiologists, excluding Locum Tenens Radiologist, will be certified by the American Board of Radiology in Diagnostic Radiology or the American Osteopathic Board of Radiology.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

_____

Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

_____

Department Chief Signature Date